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Family Physician's Opinions and Recommendations on the Family Medicine Practices

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ABSTRACT

Objectives: This study aims to evaluate the opinions and recommendations of family physicians working in family health centers regarding the practices of family medicine.

Methods: This descriptive research was conducted with 307 family physicians working in family health centers of Elazığ and Muş provinces located in the east of Turkey between September and November 2021. The sample of this study was comprised of 193 (62.9%) family physicians who were available during the study period. The questionnaire created by the researcher was used to collect with the face-to-face interview technique and/or Google Forms data.

Results: A total of 193 family physicians were included in the study. The mean age of the family physicians was 41.4±8.5 years, and their mean population was 3138.1±534.1 people. Of the family physicians, 184 (95.3%) stated professional devaluation, 179 (92.7%) excessive workload, the problems arising from the legislation, 173 (89.6%) performance, 158 (81.9%) the excess of the population to be served, 155 (80.3%) financial problems, coordination problems with senior management, 132 (68.4%) inadequate with the physical structure of the building and equipment, and 125 (64.8%) stated the insufficient number of non-physician personnel were among the factors negatively affecting work in family health centers. In addition, 180 (93.2%) family physicians stated that changes are needed in existing family medicine practices.

Conclusion: According to the study results, there are negative situations that affect the effective and efficient implementation of family medicine practices. The current policy needs to be revised to carry out family medicine practices effectively and efficiently.

Keywords: Health, health policy, primary healthcare.



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INTRODUCTION

Basic health services are an important element of social and economic development and have an important role in ensuring that individuals, families, and society are healthy, productive, and efficient.^[1] As discussed in the Alma-Ata (1978) declaration for the 1st time in the world, it was concluded that better health outcomes would be achieved at a low-cost thanks to basic health services.^[1,2] The role and importance of primary healthcare services in the management of the coronavirus pandemic have been emphasized once again.^[3,4]

Family medicine practice is a continuous and comprehensive health service delivery model that serves as the first point of contact for patients near their place of residence, where family members can directly access health care.^[5] The family physician provides healthcare services to individuals with different health problems of all ages and genders, located close to the address of residence of the patients for easy access to the service.^[5,6] To eliminate the disadvantages of over-specialization of the medical profession, Francis Peabody first mentioned the speciality that will provide individual care. Discussions about family medicine, which includes

individual and comprehensive care, became widespread after the 1950s. Family medicine practice was first recognized as a speciality in the United Kingdom in 1965. Subsequently, family medicine was recognized in the United States by the American Medical Association. After these years, the family medicine practice has become widespread and improved with different applications worldwide so far.^[5,7]

In Turkey, the changes made in the health system within the scope of the "Health Transformation Program" have shifted to the family medicine model in primary healthcare services. It was stated that this change caused some uncertainties, especially in the job description of health workers.^[8] The family medicine practice was started in the country in December 2010.^[9] The family medicine practice that has entered into force in Turkey has been criticized by medical associations on the grounds that it will increase the workload, eliminate job security, and cause a loss of personal rights.^[10] In addition, it has been reported that physicians working in family medicine have some problems related to legislation, job description, working environment and conditions, coordination with senior management, and specialization.^[11]

Family medicine services have vital importance as it is the first point of contact for health services.^[3,4,8] Therefore, determining and solving the factors that negatively affect family medicine practices will positively affect health service delivery and access to health services. In this context, the opinions and recommendations of family physicians will play a key role in determining and solving the negative situations that affect the health service carried out in family health centers.

This study aims to evaluate the opinions and recommendations of physicians working in family health centers regarding family medicine practice.

METHOD

This descriptive research was conducted in Elazığ and Muş provinces located in the east of Turkey between September and November 2021. The study population consisted of 307 family physicians working in family health centers of Elazığ and Muş provinces located in the east of Turkey. In this study, no sample selection was made from the population. All family physicians who participated in the study voluntarily formed the sample of the study. During the data collection process, 197 (64.2%) family physicians were reached. There were four family physicians who did not want to participate in the study. The sample of this study was comprised of 193 (62.9%) family physicians who were available during the study period and voluntarily partici-

pated in the study without resorting to sampling from the population. In the collection of the study data, the questionnaire created by the researcher in line with the literature was used. The questionnaire consisted of a total of 17 items, of which nine items were on sociodemographic characteristics, and eight items were on the opinions and recommendations of physicians regarding the implementation of the policy of family medicine. The study data were collected from physicians working in family health centers by the researcher using the face-to-face interview technique and/or Google forms within the specified time interval. An online questionnaire was administered to family physicians who did not have time to fill out the questionnaire using the face-to-face interview technique. The researcher collected 128 (66.3%) data by face-to-face interview technique and 65 (33.7%) data digitally.

IBM SPSS 24.0 for Windows (IBM, Armonk, New York, USA) was used in the analysis of the research data. Descriptive data are presented as frequency, percentage, mean and standard deviation.

RESULTS

A total of 193 family physicians were included in the study. The sociodemographic and occupational features of family physicians are summarized in Table 1.

Of the family physicians, 183 (94.8%) stated that the value of the medical profession in the public eye has not increased with the practice of family medicine, 172 (89.1%) stated that community participation is important in family medicine, and 180 (93.3%) stated that they do not have enough time for home visits and health education outside of outpatient clinic service. Circumstances that negatively affect the work of the physician are summarized in Table 2.

Of the family physicians, 180 (93.2%) stated that there should be changes in the current practice of family medicine. Opinions and recommendations of physicians on family medicine practice are summarized in Table 3.

DISCUSSION

Since access to health services is the first point of contact, family medicine is the first place to resolve health complaints. In family medicine practice, physicians ensure the maintenance of trustworthy relationships by understanding individuals and communities. Effective, efficient, and high-quality provision of medical services in these units is possible with the improvement of working conditions.^[1,12-14] In this section, the opinions of family physicians regarding family medicine practices will be presented with the help of literature. In this study, the population per physician

Table 1. Sociodemographic and occupational features of family physicians

	Mean±SD
Age (years)	41.4±8.5
Population per physician (people)	3138.1±534.1
	n (%)
Gender	
Female	65 (33.7)
Male	128 (66.3)
Marital status	
Married	143 (74.1)
Single	50 (25.9)
Working experience	
1 year and above	9 (4.7)
1–4 years	38 (19.7)
5–9 years	48 (24.9)
10 years and over	98 (50.7)
Status of having specialty in family medicine	
Yes	6 (3.1)
No	187 (96.9)
Status of having received compliance training on family medicine	
Yes	161 (83.5)
No	32 (16.5)
Duration of compliance training on family medicine*	
1 month and under	158 (98.1)
1 year and over	3 (1.9)
Population groups per physician	
1500–2000 people	11 (5.7)
2001–2500 people	11 (5.7)
2501–3000 people	45 (23.3)
3001–3500 people	83 (43.0)
3500 people and above	43 (22.3)
Perceived average monthly income	
Low	42 (21.8)
Balanced	114 (59.1)
High	37 (19.1)

SD: Standard deviation.

*Some variables are missing.

was found to be 3138 people, 43% of whom had served 3001–3500 population, and more than three-quarters of family physicians, nearly all of whom are general practitioners, were found to receive compliance training during the transition to family medicine. In the literature, it has been reported that the population per family physician in France varies between 1000 and 1500 individuals; about 50% of

Table 2. Circumstances that negatively affect the work of the physician

	n (%)
Professional devaluation	184 (95.3)
Excessive workload	179 (92.7)
Problems arising from legislation (ambiguity in the job description, etc.)	174 (90.2)
Performance (such as negative performance in wages)	173 (89.6)
Unnecessary demands of patients	168 (87.0)
Lack of time and opportunities for self-development	165 (85.5)
Excess of the serviced population	158 (81.9)
Financial problems	155 (80.3)
Not providing the service with the understanding of teamwork that will cover different professions	138 (71.5)
Problems in coordination with senior management	137 (71.0)
Non-compliance with the referral chain	135 (69.9)
Inadequate physical facilities and equipment in the building	132 (68.4)
Insufficient number of non-physician staff	125 (64.8)
Medical equipment shortage	105 (53.9)

physicians have family medicine specialties, while the proportion of specialist family physicians in Turkey was 5%, and the average population per family physician is 3600 individuals.^[15] In another study, it has been emphasized that the transition to family medicine training (basic and clinical training) should be at least 1 year.^[13]

It has been reported that public health services should be supported as a solution for improving the health system throughout the countries.^[6] It has been stated that family physicians who have an important place in public health services should assume the role of counselling, capacity-building, leadership in governance, and community advocacy, along with their clinical competence.^[16,17] It has been reported that the provision of community participation in preventive services will also have a positive contribution to the effectiveness and efficiency of health care.^[12] In this study, the vast majority of physicians reported that the service should be community-based, similar to the literature.

Since family medicine services are often the first place of admission for patients, they have a complex range of tasks, including the management of chronic diseases, as well as taking preventive measures and ensuring the integration of care for individuals and families.^[18] Therefore, it seems that numerous factors will be effective in the productive and efficient work of physicians.^[19,20] Looking at the literature, the factors that affect the work environment of

Table 3. Opinions and recommendations of physicians on the family medicine practice

	n (%)
Which practices should be changed in family medicine?*	
Workload should be reduced	158 (82.4)
The uncertainty in the job description should be eliminated	119 (61.7)
Wage and personal rights should be improved	110 (57.0)
Performance system (negative performance)	98 (50.8)
Incompatibility with treatment services in the referral chain should be eliminated	58 (30.1)
In your opinion, what are the three most important problems in family medicine practice?*	
Excessive workload	137 (71.0)
Uncertainty in the job description	125 (64.8)
Negative performance in wages	118 (61.1)
What should be done to ensure effective and efficient implementation of family medicine practice?*	
The workload should be reduced, and the uncertainty in the job description should be eliminated	132 (68.4)
Protective services should be strengthened and working conditions should be improved	124 (64.2)
Wage and personal rights issues should be resolved	112 (58.0)
The lack of coordination in management should be eliminated and qualified managers should be appointed	78 (40.4)
The current family medicine practice should be revised based on the opinions from the field	75 (38.9)
Outpatient clinic service should be relieved for the "Disease Management Platform"	68 (35.2)
The buildings of the family health center should be constructed by the state and the building and medical devices should be standardized	50 (25.9)

*Multiple responses.

physicians were found to be autonomy and job control, leadership practices, professional solidarity, justice, and values, type of work performed and workload, motivation practices, attitudes faced, number of non-physician personnel, payments, income, legal regulations (legislation), health reforms, and intrinsic and personal problems.^[21] It has been emphasized that the lack of physicians in the US, especially in rural areas, and the differences in their distribution increase inequality in health, and its solution should be to reduce the workload and adopt policies that encourage medical education of physicians who will work in preventive services. For this purpose, it was stated that opportunities, including financial incentives, had been created for medical students who will work in primary care at the faculty of medicine together with community-based education.^[22,23] In a study conducted with community-based family physicians, it was found that physicians were perceived to have a leadership role in their work team. It has been stated that family physicians act more unifying within the working team in primary care and play a facilitating role in the conduct of health services.^[24] It has been reported that physicians cannot perform effective patient follow-ups due to excessive workload and excessive outpatient clinic services and that deduction in their wages due to negative performance practices

negatively affects their work.^[13] In this study, similar to the literature, most of the physicians stated that negative performance negatively affected their work. In addition, according to the results obtained in the research, more than three-quarters of physicians have stated that professional devaluation, excessive workload, legislation, negative performance, the lack of opportunities for self-development, financial problems were the factors that negatively affect their work, and more than half of the physicians were found to experience problems with upper management, the physical structure of buildings and service equipment, number of non-physician staff, procurement of medical equipment, and supply chain integration. According to these results obtained in the study, the factors that negatively affect the work of physicians were found to have similarities with the literature.

According to the study results, the three most important problems that physicians see in the practice of family medicine are excessive workload, unclear job descriptions, and unfair wages, respectively. According to the result obtained in the study, the three most important problems observed in the practice of family medicine are similar to the factors that negatively affect the work of physicians, similar to the literature.^[21,24] Therefore, it is considered useful to get rid of negative practices affecting the working environment in

order for physicians to provide services effectively in the family health center.

It has been stated that it is in the best interest of society for physicians to perform their profession effectively and that they need to serve in the appropriate conditions and receive good education for their new roles.^[25] In addition, it has been stated that family medicine has a strong impact on healthcare services and medical education worldwide as a discipline that develops and changes rapidly by raising social awareness.^[6] The rationale for strengthening family medicine in preventive services is that family medicine is strategic in a health policy since it positively affects health service outcomes thanks to its positive effect on cost-effectiveness and quality of care by ensuring fairness in health.^[26] It has been stated that with the crisis in healthcare systems during the coronavirus disease-2019 (COVID-19) pandemic, family physicians will not be able to continue their traditional roles, and it will be possible for the physicians to take on new roles such as consultancy and leadership in health to improve community health with the understanding of protecting the community with a successful implementation of policies.^[27,28] Considering the social difficulties experienced due to the COVID-19 pandemic, it has been stated that the change made in the practice of family medicine is aimed at protecting all segments of society.^[29] In the literature, it has been emphasized that changes should be made by considering the epidemic conditions for the effective and efficient performance of physicians' roles, and similar to the literature, the majority of family physicians in this study stated that changes should be made in the policy of family medicine.

This research has some limitations. The first limitation is that the study was conducted only in two provinces. Another limitation is that the research data is based on the self-reports of family physicians.

CONCLUSION

According to the results obtained, professional devaluation, excessive workload, lack of clear legislation, performance, overpopulation that needs care, struggle to make time for themselves, financial problems, lack of personnel, physical problems of the building, and problems in the supply chain have a negative impact on the work of family physicians. More than four-fifths of family physicians believe that changes should be made in family medicine policy. For more effective health policies, determining the opinions of family physicians in the field should be taken, and the factors that negatively affect the working environment of physicians should be eliminated.

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