


Evaluation of the Practice and Management of Family Medicine During the COVID-19 Pandemic: Two Provinces Sample

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ABSTRACT

Objective: Preventive health services have become more important during the epidemics, and family physicians play a key role in the prevention and control of the epidemics. Therefore, this study was conducted to evaluate the opinions of physicians working at the family health centers on the practice and management of family medicine during the COVID-19 pandemic.

Methods: The descriptive and cross-sectional study was conducted with 204 family physicians in two provinces in the east of Turkey between September and November 2021. The study data were collected using a questionnaire. The data were analyzed by number and percentage distributions.

Results: Of the family physicians, 69.6% stated that the equipment and physical structure of the building was insufficient during the pandemic, 68.1% had problems with the supply of protective equipment, 59.3% had staff shortages, and 96.6% could not visit the patients at home due to the epidemic conditions. In line with the COVID-19 pandemic, 55.9% stated that effective management is needed together with qualified managers, and 42.2% stated that the opinion of physicians from the field should be taken for the management and control of the epidemic.

Conclusion: There were some problems in the family health centers regarding the equipment and physical structure of buildings, the supply of personal and protective equipment, the number of staff, and home visits to patients during the COVID-19 pandemic. Furthermore, family physicians recommend providing adequate resource support in effective service delivery in epidemic management, reducing the workload, providing personnel support, re-forming family medicine policies, and taking the opinions of family physicians in this process.

INTRODUCTION

The concept of health is one of the factors that add value to the life of individuals, families, and societies. Health contributes to an individual's social adaptation and improves his/her quality of life.^[1] The concept of basic health services was first discussed at a conference held in Alma-Ata in 1978. Since the Alma-Ata conference, significant progress has been noted in the health-care status of countries and it has been emphasized that new diseases and health problems have emerged, whereas some health problems have lost their importance in the world.^[2] One of the new health problems is a new type of coronavirus disease that continues to adversely affect all countries, leading to a pandemic. The negative effects of COVID-19 have become a public health problem in all countries that require an emergency response situation. The epidemic caused 249 million people to get sick and more than 5 million people to die due to the disease in the world as of November 7th, 2021.^[3] In addition to increasing mortality rates, COVID-19 has also negatively affected the social,

economic, and health systems of countries, leading to increasing inequalities in health care due to the inadequacy and failure of health systems.^[4,5] Public health intervention methods and measures have been proposed to prevent and control the pandemic worldwide.^[6]

It has been reported that family medicine, which is applied in different ways in health systems in many countries around the world, is the main component of preventive health services.^[7] It has been emphasized that equality in access to services is achieved through the practice of family medicine and that family health centers have an important function in providing effective, efficient, and high-quality services.^[8] It has been reported that family physicians have an important role in the fight against COVID-19 and epidemic management in preventive services. It was stated that family physicians will play a key role in preventing and controlling the epidemic and that health-care services are usually provided without interruption in family health centers throughout the world during the pandemic.^[9,10] Therefore, it will be important for family physicians to

fulfill their professional responsibilities more effectively to identify and eliminate the problems they faced in epidemic management during the pandemic in terms of the protection of public health. Therefore, this study was conducted to evaluate the opinions of physicians working at the family health centers on the practice and management of family medicine during the COVID-19 pandemic.

MATERIALS AND METHODS

Research design

This study has a descriptive and cross-sectional research design.

Research time and place

The research was conducted in two provinces located in the east of Turkey between September 8th and November 25th, 2021.

Study population and sample

The study population consisted of 307 family physicians working in Family Health Centers in two provinces located in the east of Turkey. Without any sample selection, the sample of the study consisted of 204 family physicians (66.44%) who voluntarily participated in the study and who were available at the dates of the research.

Data collection

In the collection of the study data, the questionnaire created by the researcher in line with the literature^[4,8,10,11] was used. The questionnaire consisted of a total of 27 items on the sociodemographic characteristics of physicians and their opinions on the practice and management of family medicine during the COVID-19 pandemic.

The family health centers where the physicians worked were visited by the researcher, and 139 questionnaires were filled out through face-to-face interviews, and 65 questionnaires were filled out online through Google Forms.

Data analysis

IBM SPSS 24.0 for Windows (IBM, Armonk, New York, USA) was used in the analysis of the research data. The data transferred to the computer-aided SPSS package program were analyzed by number and percentile distributions.

Ethical dimension

Before starting the research, the approval of the ethics committee was obtained from the University's Non-Interventional Ethics Committee (decision No.09, date: May 27, 2021). In order for the research to be conducted in the Family Health Center, the necessary legal permits were obtained from the relevant departments of the Ministry of Health and the Provincial Health Directorates. During the study period, the family health centers were visited, and

the purpose of the study was explained to the family physicians. After obtaining consent for the participation in the study, the questionnaires were filled out by face-to-face interviews, and for those who wanted to fill out the questionnaire later, for reasons such as workload, etc., the link to the questionnaire was submitted in the digital platform.

RESULTS

The average age of the family physicians was 41.53 ± 8.50 , 33.8% was female, 51.5% had more than 10 years of experience, 84.3% had compliance training for family medicine, and 58.3% had balanced income (Table 1).

Of the family physicians, 69.6% stated that the equipment and physical structure of the building was insufficient during the pandemic, 68% had problems with the protective equipment, and 59.3% had staff shortages. In addition, 75.5% reported that the service was provided continuously despite the restrictive measures in the family health centers (Table 2).

During the COVID-19 pandemic, 86.3% of the physicians stated that there were no suitable working conditions for

Table 1. Introductory characteristics of the family physicians

Characteristics	n	%
Age (mean \pm SD)	41.53 \pm 8.50 (Min=27, Max=65)	
Gender		
Female	69	33.8
Male	135	66.2
Marital status		
Married	152	74.5
Single	52	25.5
Working experience		
1–4 years	49	24.0
5–9 years	50	24.5
10 years and over	105	51.5
Does she/he have family specialty training?		
Yes	6	2.9
No	198	97.1
Has he/she received training on family physicians compliance?		
Yes	172	84.3
No	36	15.7
If yes* (n=172)		
1 month and under	172	84.3
The average population (mean \pm SD)	3124.97 \pm 533.17 (Min=1520, Max=4000)	
Perceived average monthly income		
Low	43	21.1
Balanced	119	58.3
High	42	20.6

Table 2. Opinions of family physicians regarding the epidemic control management and process

Characteristics	n	%
The status of receiving training on the epidemic management and control		
Yes	36	17.6
No	168	82.4
The status of personnel other than physicians receiving training on the epidemic management and control		
Yes	45	22.1
No	159	77.9
Problems experienced with the supply of protective equipment		
Yes	139	68.1
No	65	31.9
Adequacy of the physical condition and equipment of the building in the fight against the epidemic		
Yes	62	30.4
No	142	69.6
The status of staff shortages		
Yes	121	59.3
No	83	40.7
Disruption of services provided due to the restriction measures		
Yes	50	24.5
No	154	75.5
Problems in accessing the services by chronic patients due to restrictive measures		
Yes	98	48.0
No	106	52.0
The status of visiting patients at home during the pandemic		
I was able to visit a few patients	7	3.4
I could not visit due to the conditions during the pandemic	197	96.6
Providing information to patients by phone		
Yes	34	16.6
No	170	83.4
The financial status of the family health center		
Adequate	17	8.3
Somewhat adequate	84	41.2
Inadequate	103	50.5
Workload during the COVID-19 pandemic		
My workload didn't increase	3	1.5
My workload increased a little	43	21.1
My workload increased too much	94	46.1
My workload increased extremely	64	31.3

physicians to perform the service effectively, efficiently, with high quality, and in accordance with fairness in the family health center, and 90.2% stated that changes should

Table 3. Opinions and recommendations of family physicians on the family medicine policy/practice in the fight against COVID-19

Characteristics	n	%
Are your working conditions sufficient and appropriate for the service to be provided on a community basis, effectively, efficiently, with good quality and fairness?		
Yes	28	13.7
No	176	86.3
Should changes be made in family medicine policy in line with the COVID-19 pandemic?		
Yes	184	90.2
No	20	9.8
Opinions and recommendations of physicians on epidemic management and control		
Resources (health-care personnel, finances, etc.) should be adequate	137	67.2
Preventive services should be improved and the workload of physicians should be reduced	119	58.3
Training should be provided to raise qualified managers, along with effective management	114	55.9
The opinion of physicians in the field should be obtained for epidemic management and control	86	42.2
During the pandemic, the number of personnel should be increased and routine work should be separated from the pandemic process	63	30.9
Health literacy should be raised by increasing the responsibility of individuals receiving health services	42	20.6

be made in the policy of family medicine in accordance with the epidemic process. In addition, the opinions of physicians about epidemic management and control were as follows, respectively: resources should be adequate (67.2%), preventive services should be strengthened and physicians' workloads should be reduced (58.3%), effective management should be implemented and training should be provided to raise qualified managers (55.9%), field physicians should be consulted for epidemic management and control (42.2%), and the number of personnel should be increased during the epidemic and routine work should be separated from the epidemic (30.9%) (Table 3).

DISCUSSION

Universal public health system has been reported to be the most important element in ensuring the health of society worldwide.^[12] It has been emphasized that cooperation and coordination in management are important

together with the community-based approach in the fight against COVID-19.^[13] It has been reported that to control the coronavirus pandemic, public health measures should be taken and in-house infection should be managed by health-care providers.^[12,13] It has been reported that the staff working in preventive health-care play a key role in preventing and controlling the outbreak^[14] and that there is a need for family physicians more than ever in line with the COVID-19 pandemic.^[9,10,15] It has been stated that the physicians working in the family health center during the pandemic provided uninterrupted health services to the individuals, families, and community despite the epidemic risks.^[11,16] According to the results of this research, about three-quarters of the physicians working in the family health centers were found to provide basic health-care services without interruption, despite the restrictive measures applied during the COVID-19 pandemic, and perform important roles in early diagnosis for suspected cases (89.7%) and related triage management. Therefore, these findings are in line with the literature and reinforce the important role of family physicians during the epidemic.

In this study, it has been seen that family physicians faced with problems such as personal and protective equipment supply, physical infrastructure, shortage of nurses, midwives and allied health personnel, and workload related to the COVID-19 epidemic management. Arslaner et al.^[17] stated that 53.7% of the participants reported that they participated in the training program related to COVID-19 management and 74.8% of them reported that they had equipment shortage problems. Similarly, Türkili et al.^[18] stated that 58.2% of family physicians found their level of information about COVID to be sufficient, and 76% of them could not reach sufficient medical equipment. On the other hand, Özder stated that the pandemic brought additional responsibilities to family physicians' own duties and responsibilities.^[19] Considering the literature, it was stated that, in addition to routine functioning in health facilities, medical supplies are needed together with personnel and service buildings to be organized in accordance with the management in epidemic conditions.^[12,13,20] It is seen that there are some problems in epidemic management in the family health centers during the pandemic. Strengthening the practice of family medicine, which is an important component of preventive health services, and providing an appropriate working environment for physicians (building, equipment, medical equipment, personnel needs, etc.) will make an important contribution to the epidemic management and the solution of problems of health care.

It has been reported that the use of digital technologies to support public health methodologies in the prevention of COVID-19 is increasing, through the use of mobile phones and other devices.^[21] In a study conducted in the UK, 48% of the patients were reported to have their prescriptions by phone, and the quality of prescriptions given by phone was questionable.^[22] According to the study results, almost none of the participants could visit the patients at home due to the epidemic conditions and informed some

of the patients by phone (16.6%), similar to the literature, during the pandemic.

Although physicians and professional organizations have an important role in determining health policies in some countries, physicians and professional organizations in Turkey have a limited role in determining health policies.^[23] It was emphasized that it is in the interest of society that physicians can perform their professions in the way they wish, and in order for physicians to serve in the appropriate conditions in the future, it will be necessary to redesign their roles along with training provided for further knowledge and skills.^[24] It has been stated that family physicians cannot combat the COVID-19 pandemic with their traditional roles, and that a community-centered approach is necessary since the leadership, counseling, and preventive roles of physicians have become important during the pandemic.^[25] A study conducted in the US reported that primary health care should be restructured in the COVID-19 pandemic to combat the pandemic.^[26] Another study conducted in the US reported that all segments of society should be protected by taking into account the social difficulties caused by the epidemic and making changes to the family medicine program.^[27] According to the research results, social, economic, and behavioral factors are more effective on health outcomes, and the social dimension of preventive (primary) health care should be strengthened and transformed in line with the COVID-19 pandemic.^[28] In this study, more than three-quarters of the physicians stated that their working conditions are not sufficient and appropriate for the service to be provided on a community basis, effectively, efficiently, with good quality and fairness, and the vast majority (90.2%) believe that a change in family medicine policy should be made as required by the COVID-19 pandemic, and, in conjunction with the literature, the results obtained in this study indicate that a change in the politics of family medicine is a requirement. Therefore, the implementation of regulations by emphasizing the increasing importance of family physicians with the epidemic will have a positive contribution to individuals, families, and community health.

It has been emphasized that to be successful in the fight against COVID-19, individuals must act responsibly and that it may be important to control the epidemic by fulfilling their moral and social responsibility.^[29] It was found that health literacy has an important place in raising the overall health status of society thanks to its positive impact on the health behavior of individuals. Given the uncertainty in information during the COVID-19 pandemic, it has been stated that there is a need for health literacy more than ever regarding how to transform an individual's behavior into action.^[14,30] Similar to these results, approximately one-fifth of family physicians recommend giving responsibility to individuals receiving epidemic health-care services. They also state that there is a need to increase the health literacy level of the patient group receiving service for the effective use of the family health centers.

CONCLUSION

According to the study results, there were some problems in the family health centers regarding the equipment and physical structure of buildings, the supply of personal and protective equipment, the number of staff, and home visits to patients during the COVID-19 pandemic. Furthermore, family physicians recommend providing adequate resource support in effective service delivery in epidemic management, reducing the workload, providing personnel support, re-forming family medicine policies, and taking the opinions of family physicians in this process.

Today, as the coronavirus disease continues to threaten the countries of the world through different variants (including Omicron at the moment), the need for family medicine services in preventive services in the fight against the epidemic is increasing even more. Therefore, it is recommended to improve working conditions for effective service delivery of family medicine and to create health policies in line with the opinions of family physicians.

Ethics Committee Approval

This study approved by the Munzur University Non-interventional Clinical Research Ethics Committee (Date: 27.05.2021, Decision No: 09).

Informed Consent

Retrospective study.

Peer-review

Externally peer-reviewed.

Conflict of Interest

None declared.

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COVID-19 Pandemi Sürecinde Aile Hekimliği Uygulaması ve Yönetiminin Değerlendirilmesi: İki İl Örneği

Amaç: Salgın sürecinde koruyucu sağlık hizmetleri önemli hale gelerek, salgının önlenmesi ve kontrolünde aile hekimlerinin kilit rol oynadığı görülmektedir. Dolayısıyla bu çalışma, aile sağlığı merkezinde çalışan hekimlerin Covid-19 pandemisinde aile hekimliği uygulaması ve yönetimi ilişkin görüşlerini değerlendirmek amacıyla yürütülmüştür.

Gereç ve Yöntem: Tanımlayıcı ve kesitsel türden olan çalışma, Türkiye'nin doğusunda yer alan iki ilde Eylül-Kasım 2021 tarihlerinde, 204 aile hekimiyle yürütüldü. Araştırma verileri anket formu ile toplandı. Veriler SPSS Windows 24.0 paket programında, sayı ve yüzdelik ile analiz edildi.

Bulgular: Aile hekimlerinin %69.6'sı salgında binanın fiziki yapısı ve donanımının yetersiz olduğunu, %68'i bireysel koruyucu ekipman temininde sorun yaşadığını, %59.3'ü personel sıkıntısı yaşadığını ve %96.6'sı salgın koşullarına bağlı hastaları evde ziyaret edemediğini belirtti. Covid-19 salgınıyla birlikte; %55.9'u etkin yönetimle birlikte nitelikli yöneticiye ihtiyaç olduğunu, %42.2'si salgının yönetimi ve kontrolü için sahadan hekimlerin görüşünün alınması gerektiğini belirtti.

Sonuç: Aile hekimleri salgın sürecinde binaların fiziki yapısı ve donanımı, tıbbi-araç gereç temini, personel sayısı, evde hasta ziyaretleriyle ilgili bazı sorunlar yaşamıştır. Aile hekimleri salgın yönetiminde etkin hizmet sunumunda yeterli kaynak desteğinin sağlanmasını, iş yükünün azaltılmasını, personel desteğinin sağlanmasını, aile hekimliği politikalarının yeniden oluşturulmasını ve bu süreçte aile hekimlerinin görüşlerinin alınmasını önermektedir.

Anahtar Sözcükler: Aile hekimi; Covid-19; sağlık; sağlık yönetimi.