

Knowledge, Attitudes and Behavior Regarding Family Medicine Practices of Family Physicians in the City of Kahramanmaraş, Turkey

Kahramanmaraş İl Merkezinde Çalışan Aile Hekimlerinin Aile Hekimliği Uygulamaları ile İlgili Bilgi, Tutum ve Davranışları

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ABSTRACT

Aim: To reveal knowledge, attitudes and behaviors regarding family medicine practices of family physicians working in the city of Kahramanmaraş, Turkey.

Methods: Out of 119 physicians, 85 (71.4%) gave informed consent and participated in the questionnaire study.

Results: Of 85 physicians, 31 (36.5%) reported that they had insufficient knowledge about the family medicine system which was newly put into practice. Seventeen physicians (20%) disagreed that the family medicine system can solve problems with primary health care, but that 52 physicians (61.2%) agreed that the family medicine system can solve some of these problems. In addition, 54 physicians (63.5%) thought that the new system would have a positive effect on preventive medicine practices and 35 physicians (41.2%) thought that the system would help decrease use of medications. Fifty physicians (58.8%) complained that training offered for adaptation into the new system was not very effective.

Conclusion: It is of great importance that the family medicine system, newly put into practice in Turkey, should be introduced effectively in order to increase public awareness and service providers should be offered appropriate training. To this aim, training programs, seminars and conferences should be organized in cooperation with the departments of family medicine at universities.

Keywords: Family medicine, knowledge, attitudes, behavior

ÖZET

Amaç: Kahramanmaraş il merkezinde çalışan Aile Hekimlerinin Aile Hekimliği uygulamaları ile ilgili bilgi, tutum ve davranışlarını belirleyerek aile hekimliği politikaları ve eğitimlerine yol gösterici verilere ulaşılması amaçlanmıştır.

Yöntemler: Bu çalışmaya Kahramanmaraş il merkezinde bulunan 41 aile sağlığı merkezinde görev yapan hekimler dahil edilmiştir. Çalışma kapsamında 119 hekimden 85'ine (%71.4) ulaşıldı. Hekimlerin aydınlatılmış onamı alınarak 26 sorudan oluşan anket uygulandı.

Bulgular: Katılımcıların 31'i (%36,5) aile hekimliği sistemi konusunda bilgi düzeylerinin yetersiz olduğunu, 50'si (%80,6) Aile hekimliği sisteminin topluma tanıtılmasına yönelik yapılan çalışmaların yetersiz olduğunu belirtmişlerdir. Hekimlerin 17'si (%20) aile hekimliği sisteminin ülkemizdeki birinci basamak sorunlarını çözemeyeceğini, 52'si (%61,2) kısmen çözebileceğini ve 14'ü (%16,5) çözebileceğini düşünmektedir. Ayrıca 54'ü (%63,5) yeni sistemden koruyucu sağlık hizmetlerinin olumlu etkileceği ve 35'i (%41,2) ise ilaç tüketiminin azalacağı kanaatini taşımaktadır. Birinci basamak uyum eğitimlerinin yeterli olup olmadığı sorusuna hekimlerin 50'si (%58,8) yetersiz olduğu cevabını vermişlerdir.

Sonuç: Ülkemizde yeni geçilen aile hekimliği sisteminin tanıtılması, gerek toplumun bilinçlendirilmesi gerekse de hizmet sunucularının eğitilmesi büyük önem taşımaktadır. Bu nedenle üniversite aile hekimliği anabilim dalları ile ortaklaşa eğitim, seminer ve konferanslar düzenlenmelidir. Hekimlerin uzmanlık eğitim süreçlerinin planlanmasında bilimsel bakışım ön planda tutulması ve uzmanlık eğitiminin tıpta uzmanlık tüzüğüne göre düzenlenmesi gerekmektedir.

Anahtar kelimeler: Aile Hekimliği, bilgi, tutum, davranış

Introduction

Doctor Francis Peabody coined the term family medicine and was the first who developed theories about it. Underlining a general approach towards health problems, Doctor Francis Peabody noted that physicians who are able to make an overall evaluation of these problems are needed (1). Family medicine started to become institutionalized in England between 1800 and 1890 (2). Family medicine is a specialty recognized in Millis and Willard reports issued by the American Medical Association in 1966 (3).

In Turkey, family medicine was first defined as a medical discipline in the regulations of medical specialties in 1983 (4). The primary health care system was transformed into the family medicine system between 2005 and 2010 as part of a project for evolution of the health care system (5).

We attempted to reveal family physicians' knowledge, attitudes and behavior concerning family medicine practices in Kahramanmaraş and to provide guidance for policies and training for family medicine.

Methods

We planned to include 119 family physicians working at 41 primary health care centers in the city of Kahramanmaraş, Turkey, into the study. This study was approved by the local ethics committee of our faculty. However, out of 119 physicians, 85 (71.4%) accepted to participate in the study. They were given a questionnaire consisting of 26 questions about demographic features, knowledge of family medicine and attitudes towards the specialty of family medicine and skills required from the system of family medicine. Obtained data were analyzed with SPSS 15.0 and frequencies, percentages, mean and standard deviation were calculated.

Results

Of all the physicians participating in the study, 50 (58.8%) were male, 35 (41.2%) were female, with a mean age of 37.4 ± 5.3 years (min: 27 years, max: 51 years). Ten physicians (11.2%) had three-year education for family medicine at a research hospital or a university hospital following graduation from

medical school and specialized in family medicine. Seventy-five physicians (88.2%) had one-week education during which theoretical knowledge about family medicine was offered through the Internet while they were working in primary health care centers to become family physicians. At the end of the education program, they had a temporary certificate and they had to complete the second step of their education which would be arranged and offered by the Ministry of Health soon. Fifty-six physicians (65.9%) had been working as a physician for more than 10 years.

Thirty-one physicians (36.5%) noted that they did not have sufficient knowledge about family medicine and 50 (80.6%) reported that attempts to introduce family medicine to public were not sufficient. Table 1 shows the reasons why the participants became family physicians.

Seventeen physicians (20%) believed that the family medicine system would fail to solve problems encountered in the primary health care. Fifty-two physicians (61.2%) were more optimistic and thought that the system could help to solve some problems. Fourteen physicians (16.5%) were sure that the system would be fully successful in solving the problems. In addition, 54 (63.5%) were in the opinion that the new system would have a positive effect on preventive medicine services. Thirty-five physicians (41.2%) expected that the amount of medications consumed would be reduced.

Fifty physicians (58.8%) said "no", but 15 physicians (17.6%) said "yes" to the question whether one-week education offered for adaptation of physicians working in primary health care centers into family medicine practices was sufficient.

Table 1 presents participants' opinions about general practitioners' specializing in family medicine and types of the education to be offered for family medicine specialty. None of ten physicians who had specialized in family medicine agreed about solutions except for the one required by regulations for specializing in medicine, that is, three-year education in a given specialty at a research hospital or a university hospital following medical school. Forty-one physicians (49.4%) reported their need to receive education for basic subjects of family

medicine; however, 42 physicians (50.6%) reported that they did not need this education. The subjects which the physicians wanted to learn about are presented in Table 1.

Table 1. What Physicians think about the family medicine system?

Items	n	%
1. Why did you want to become a family physician?*		
Higher income	62	72.9
Job satisfaction	21	24.7
To offer higher quality care to patients	41	48.2
Miscellaneous	13	15.3
2. Subjects family physicians wanted to learn about		
Diagnosis and treatment of frequently encountered diseases	15	62.5
Preventive medicine practices	4	16.7
Establishment and management of family health centers	3	12.5
Medical records and archives	2	8.3
3. Which type of education should be offered to general practitioners so that they can specialize in family medicine?		
Specialization in accordance with regulations for specialization in medicine	14	48.3
Education to be offered through the Internet	9	31
Miscellaneous	6	20.7
4. What do you think about specialization of general practitioners as family physicians?		
They have to specialize in family medicine.	26	30.6
They do not need to specialize in family medicine and training for family medicine could be sufficient.	30	35.3
There is no need to change the present situation.	29	34.1

*The participants were allowed to mark more than one alternative for question 1.

The mean number of the patients presenting to outpatient clinics of family medicine per day was found to be 46.8 ± 12.0 (min: 25; max: 90).

Discussion

Of all the participants, 58.8% were male and 41.2% were female, which differs from the distribution of family physicians by genders noted in the literature. It can be attributed to the design and setting of the study. The mean age of the participants was 37.4 years, consistent with the finding reported in the literature that family physicians were young (6-8).

Sixty-five point nine percent of the participants had a work experience of more than ten years, which is congruent with the literature. In fact, it has been reported in the literature that the rate of family physicians working for more than 10 years varied from 55.2% to 74.1% (6-8). In a study conducted in Adana, the rate of the family physicians with more than 10-year work experience turned out to be 94% (9). The finding that the family physicians had more than ten-year work experience in Turkey can be explained by the fact that the physicians are more likely to start specializing in a medical field early in their career.

Thirty-six point five percent of the family physicians admitted that they had insufficient knowledge of the family medicine system and 80.6% believed that attempts to raise public awareness of family medicine were not sufficient. In Turkey, although education for specializing in family medicine started to be offered in 1983, it became widespread after 2005. It can be anticipated that as family medicine practices become available throughout the country and as its role in health care is increased, naturally public awareness of the system will increase.

As for the reasons why the participants wanted to become family physicians, 72.9% of them mentioned their satisfaction with their income and 48.2% mentioned offering better care. The most frequently reported reason in the literature has been high income offered to family physicians. In the rate of the physicians reporting high income as a reason for becoming family physicians was 45.2% in a study by

Çetinkaya et al. (8), 59.6% in a study by Aktaş et al. (10), 54.5% in a study by Alagöz et al. (11) and 39.2% in a study by General Practitioners Committee of Adana Medical Chamber (9). It was striking that the second most frequently reported reason for becoming a family physician was offering better health care. It was attributed to the ability to see a patient as a whole and the ability to acquire knowledge about patients continuously as a result of offering care to a pre-determined population.

Twenty-one point two percent of the physicians were not expecting that the family medicine system would help to solve problems in primary health care. Sixty-two point four percent of the physicians partly agreed that the system could help solve the problems of primary health care and 16.5% believed that the problems of the primary health care system would be solved thanks to the family medicine system. Sixty-three point five percent of the physicians were in favor of the idea that the family medicine system would have a positive influence on preventive medicine practices and 41.2% of the physicians anticipated that use of medications would decrease. In the study by Çetinkaya et al. (7), 64.3% of the participants reported that treatment services would improve. In a study by Alagöz et al. (11), the effect of family medicine system on preventive medicine practices was found to be very good by 14.7% of the physicians, good by 38.2% of the physicians and moderate by 36.8% of the physicians. However, in a study by Nur et al. (12) 47.8% of the physicians claimed that the family medicine system would not improve effectiveness of health care services. Apart from the findings of Nur et al. (12), there is an agreement in the literature that the family medicine system would have a positive effect on general health care services. The rate of the family physicians in favor of positive effects of the system on general health care will increase thanks to attempts to introduce the family medicine system and attempts to revise deficits of the system.

Fifty-eight point eight percent of the physicians said “no”, but only 17.6% said “yes” to the question whether education offered for adaptation of general practitioners to the family medicine system was effective. During the transition period of this

revolutionary movement in health care in Turkey, duration of education offered to the general practitioners was quite short. As the results of this study suggests, this short duration of education clearly plays an important role in physicians’ feeling of effectiveness and success of the family medicine system.

While 30.6% of the physicians insisted that general practitioners should specialize in family medicine, the rest of the physicians were satisfied with the education available to them. As for the type of education for specializing in family medicine, 48.3% of the physicians noted that education to be offered should be planned in accordance with the regulations for specialization in medicine and 31.0% reported that it should be given through distance education methods. Ten family medicine specialists advocated that the physicians should receive a three-year education following medical school to specialize in family medicine. In fact, the process of specializing in family medicine is of great importance and there is a considerable difference in opinions about this process between family medicine specialists and general practitioners working as family medicine practitioners. In Turkey, physicians are offered education at research hospitals and university hospitals to specialize in family medicine. Family medicine has been considered as a medical discipline requiring specialization for a long time and “face-to-face education” and it is not possible to specialize in family medicine through distance education methods.

In the present study, 50.6% of the physicians did not want to receive education about basic family medicine subjects, whereas 49.4% of the physicians pointed out their educational needs. Sixty-two percent and 16.7% of the physicians wanted to learn about diagnosis and treatment of frequently encountered diseases and preventive medicine practices respectively. In the study by Aktaş et al. (10) the physicians underlined their education needs about medical malpractice (70.2%), receiving informed consent (63.5%), diagnosis and treatment of frequently encountered diseases (59.6%) and preventive medicine practices (58.7%). In view of these findings, it is clear that curricula for education

in family medicine should include diagnosis and treatment of common diseases and preventive medicine.

In this study, the mean number of the patients examined per day by family physicians was found to be 47. In the literature, it varies from 25-120 (9-13). The number of the patients examined daily reported here and in the literature is high for family medicine practice which requires family medicine physicians to see a patient as a whole. This finding suggests that new regulations and arrangements are necessary so that family medicine practices can be carried out properly.

Conclusion

To conclude, it is important that the family medicine system, which has newly been put into practice in Turkey, should be introduced in detail to increase public awareness and that service providers should be offered appropriate education. Conferences and seminars could be organized in cooperation with the departments of family medicine at universities. The scientific approach and regulations for specializing in medicine should be taken into consideration while planning education for family medicine. In addition, the number of patients examined by family physicians should be decreased to improve the quality of care offered and to increase physicians' motivation.

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