

The perceptions and attitudes of medical doctors towards family medicine in Duhok City-Iraq

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Abstract

Background and objectives: Family physicians have an important role in the management of personal and family-associated health conditions. The aim of this study was to explore the attitudes of medical specialists' doctors towards family medicine and family practice as a discipline. **Methods:** A total of 150 doctors working in Duhok governorate were asked to present their opinions on professional characteristics and factors influencing the doctors' opinions about family medicine and practice. **Results:** The mean age of medical doctors was 39.21 (SD: 6.22 years) with mean years of experience were 14.13 years. Majority of the participants were males (86.7%), and most of them working in both public and private sectors (84.7%). About two-third of participants (64.7%) agreed that the family medicine had a high level of scientific prestige equivalent to other specialties (61.3%) and that family practice is an interesting specialty from a research perspective (74.0%). A lower percentage (42.0%) reported that the specialty has a high status within the medical fields. However, a small percentage reported that can obtain a high salary (20%) if they were family physician. The most important factor that had an impact on the doctor's opinion for family medicine selection was their experiences during the study (67%). The agreement of the doctors with different specialties towards the high salary of family medicine compared to other medical specialties was not significantly different. **Conclusions:** Most of the doctors in various disciplines emphasized that family medicine has an essential role in the management of a wide range of medical conditions with a critic on low salary.

Key words: Family medicine, Primary health care, Social role.

Introduction

Although family medicine (FM) is well known in developed countries for a long time, it is still new in developing countries, especially in the Middle East. In 1979, the FM formerly appeared in the region when the American University of Beirut initiated the first training program of the discipline in the region. The family doctors have a critical role in the delivery of direct and continuous health care of a patient and its family, and they are responsible for the care of all kinds of health conditions¹. Health care fragmentation is still prevalent in developing countries including Iraq with many different health schemes. Patients throughout the country have low screening rates, delayed referrals, and sometimes won't even seek medical help because of these fragmentations. Bridging the gaps between primary care and hospital-based care is the most

important criteria in patient management². Only family doctors are aware of the personal-family surroundings associated with the patient and can help the patient in better management of health conditions² however, the concept of the family doctor and people's perception of them is still rudimentary. Understanding the attitudes and perceptions of doctors in other specialties towards FM is necessary to figure a stratagem to increase awareness among people and doctors. The previous study in Duhok-Iraq among newly medical graduates about their attitudes towards FM as their future carrier and the majority of them accentuated on the important role of FM in the health care system but only 10% of them show their interest to select it for the future job³. Although the positive aspects were seen in another study among specialists⁴, however, they didn't show their interest towards the FM as a future career in the health system

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because of many barriers such as not having updated national guidelines and lack of continuous medical education. Since the specialists have a great impact on a new medicine graduate⁵, subsequently, it is highly valuable to examine their attitudes on social and financial perspectives of FM in the healthcare system. The aim of the present study is to identify the attitudes of medical specialists' doctors towards FM as a new discipline of medicine in Duhok directorate of health.

Patients and methods

This cross-sectional study conducted among 164 medical doctors of different medical specialties working in various health settings and clinical departments in general, emergency, maternity, and pediatric hospitals and primary health centers (PHCs) at Duhok city during the period from the 1st of October 2018 to the end of February 2019. Verbal consent was obtained from each participant and the study was approved by the Research Ethics Committee of the KHCMS. The list, locations and the job title of selected doctors were obtained from the Planning Department of the Directorate of Health (DoH)-Duhok.

Twelve of the doctors refused to participate owing to a high load of work, and two were excluded because the questionnaire was partially filled out. Accordingly, 150 questionnaires (out of 164) had been analyzed (response rate: 86.20%). The doctors were directly interviewed in their place of work and the average time for each interview was 15 minutes (ranged between 10 and 25 minutes). The questionnaire was designed after a review of relevant literature and similar studies in the region to determine the physicians' perception and attitudes towards FM^{6,3}. Then each variable and answer in the questionnaire was given a code number. The reliability and internal consistency reported by the original study was 0.89 [95%CI: 0.84-0.93] (Cronbach's alpha value). The scaling system was categorized as follows: A: The degree of agreement with statements about the social and scientific status of FM was determined by 8 items rated on a 6-point Likert scale from totally disagree to totally agree, B: The importance of the factors that could have influenced the doctors' opinions were determined by 6 items rated on a 6-point Likert scale from none to too much, C: Opinions about the need for mandatory training in FM and prepara-

tion for FM in the medical curricula were determined by 10 items rated on a 6-point Likert scale from totally disagree to totally agree and D: The importance of contributions made by FM in various areas of the curriculum was determined by 13 items rated on a 6-point Likert scale from none to much⁶. The frequency was used for descriptive purposes of the study, including the level of doctors' agreement towards family medicine (those who gave a score 4 and more considered agree), the factors influencing the doctors' opinions, their attitudes on FM training, and the FM contributions in the health system. The Fishers' exact test was used to examine the difference in the agreement of different medical specialties on the salary of FM. The null hypothesis was rejected in a p-value of 0.05. The statistical calculations were performed by Statistical Package for Social Sciences 25:00 (SPSS 25:00 IBM).

Results

The mean age of the 150 doctors participated in the study was 39.21 (SD: 6.22 years), and the mean of their experience years of medicine was 14.13 ranged between 2.0 and 39.0 years. Majority of the participants were males (86.7%) and had Ph.D. or board fellowship (68.7%) followed by a higher diploma (12.0%). The lowest percentage of the participants had a master degree (3.3%). Moreover, most of them worked in both the public and private sectors (84.7%), Table (1).

Table (1): Baseline information of the study sample.

Characteristics (n=150)	No.	(%)
Age in years (mean/SD)	39.21	6.22
< 30	5	3.3
30-39	78	52.0
40-49	56	37.3
50 and more	11	7.3
Gender		
Male	130	86.7
Female	20	13.3
Experience (year; mean/SD)	14.13	6.26
Education		
M.B.Ch.B	18	12.0
Diploma	6	4.0
Higher Diploma	18	12.0
Master Degree	5	3.3
Ph.D./Board	103	68.7
Working sector		
Public	23	15.3
Private	0	0.0
Both Public and Private	127	84.7
Total	150	100.0

The study revealed more than sixty percent of participants (64.7%) agreed that the FM has an essential social function in the region and had a pleasant working environment (66.0%) and has a high level of scientific prestige equivalent to other medical specialties (61.3%). A considerable percentage of the doctors reported that FM is an interesting specialty from a research perspective (74.0%). In addition, 51.3% stated that FM has a high social status and 54.0% considered FM an attractive option. A lower percentage (42.0%) reported that FM has a high status within the medical specialties. Whereas, a small percentage mentioned that FM provides a high salary compared to other medical doctors (20%), Table (2).

Table (2): Doctors' agreement with statements about the role of FM. in Kurdistan.

Do you believe that family medicine in Kurdistan has the following functions?	Score		Agreement (n = 150)	
	Mean	SD	No.	%
Has an essential social function	3.76	1.43	97	64.7
Is a pleasant working environment	3.74	1.17	99	66.0
Has a high social status	3.51	1.26	77	51.3
Is an attractive option	3.52	1.46	81	54.0
Has a high status within the medical profession	3.39	1.25	63	42.0
Provides a high salary in comparison with other medical specialties	2.65	1.24	30	20.0
Is an interesting specialty from a research perspective	3.95	1.32	111	74.0
Has a level of scientific prestige equivalent to other medical specialties	3.71	1.32	92	61.3

The most important factor that had an impact on the doctor's opinion for FM selection was their experiences during the study (67%) followed by opinions of their families, friends (54%) and opinions of hospital physicians about family physicians (48%). The opinions of the family physicians influenced the attitudes of 42% of the doctors while social media influenced 41% of the doctors' opinions. A small percentage of the doctors' opinions were influenced by their personal experience as a patient (35%), Table (3).

Table (3): Importance of the factors that could have influence on the opinions that doctors didn't chose FM. as their specialty

Factors	Score		Importance	
	Mean	SD	No.	%
personal experience as a patient	3.10	1.49	52	35.0
The opinion of hospital physicians about family physicians	3.57	1.41	72	48.0
The opinion of family physicians	3.33	1.40	63	42.0
The opinion of my family and friends	3.61	1.51	81	54.0
Information from the social news media	3.36	1.46	61	41.0
own experience during course of study	4.23	1.58	101	67.0

Most of the doctors participated in the study justified obligatory training in FM. in medical schools (83%), and it has specific scientific contents (81%) and a common professional choice (73%). Moreover, they considered that FM is contributed to the improvement of healthcare (93%) and has a central part of the health system (95%). The majority reported that it should be integrated into the content of related courses (84%) and a specific course be devoted to the FM (81%). Most of them reported that FM should be educated both in Integrated and specific course (85%). Additionally, 81% of the doctors mentioned that the FM must be taught by family physicians Table (4).

Table (4): Opinions of doctors on training FM.

Training	Score		Agree Opinions*	
	Mean	SD	No.	%
to justify theoretical/practical obligatory training in family medicine in medical school	4.35	1.18	125	83.0
It has specific scientific content	4.17	1.17	121	81.0
It is a common professional choice	4.13	1.24	110	73.0
It contributes to the improvement of healthcare	5.06	1.06	140	93.0
It is a central part of the health system	5.08	1.04	142	95.0
Integrated into the content of related courses	4.40	1.30	126	84.0
A specific course	4.53	1.25	122	81.0
Both integrated and specific course	4.47	1.38	127	85.0
Should always be taught by family physicians	4.45	1.30	121	81.0

*Agree opinions included agree, slightly agree, and strongly agree.

Majority of the doctors reports that FM has an important contribution to the communication / doctor-patient relationship (82%) and health promotion (89%). They also reported that FM has clinical care for the most common health issues (84%), Table (5).

Table (5): Importance of contributions made by FM in health settings.

Contributions	Score		Contributions*	
	Mean	SD	No.	%
Communication/ doctor-patient relationship	4.77	1.216	123	82.0
Prevention and health promotion	4.82	1.040	133	89.0
Bio-psychosocial focus of care	4.34	1.223	110	73.0
Family focus of care	4.68	1.175	124	83.0
Community focus of care	4.48	1.239	119	79.0
Clinical care for the most frequent problems	4.62	1.255	126	84.0
Care during the life span	4.54	1.348	115	77.0
Emergencies	3.40	1.564	63	42.0
Clinical epidemiology	4.41	1.279	114	76.0
Teamwork	4.54	1.318	116	77.0
Bioethics	4.53	1.206	120	80.0
Research	4.84	1.163	130	87.0
Collaboration with other sectors (education, social,)	4.80	1.162	128	85.4

*Contributions included more, many, and much importance

The agreement of the doctors with different specialties towards the high salary of family medicine compared to other medical specialties did not show a significantly difference (p-value=0.227). But, psychiatrists, radiologists, and urologists, dermatologists, orthopedics, and lab specialists disagreed 100% with the statement, Table (6).

Table (6): The agreement of different medical doctors towards the high salary of FM. in comparison with other medical specialties.

Specialty Categories	High salary of family medicine compared to other medical doctors				p-value (Two-Sided)
	Disagree		Agree		
	No.	%	No.	%	
General Practitioner	8	72.7	3	27.3	0.227
Pediatric	17	77.3	5	22.7	
Internal Medicine	33	73.3	12	26.7	
Psychiatry	3	100.0	0	0.0	
Gynecology	15	93.8	1	6.3	
Surgery	16	84.2	3	15.8	
Radiology	4	100.0	0	0.0	
Urology	9	100.0	0	0.0	
ENT	6	60.0	4	40.0	
Dermatology	5	100.0	0	0.0	
Orthopedics	1	100.0	0	0.0	
Emergency Medicine	0	0.0	1	100.0	
Anesthesia	1	50.0	1	50.0	
Lab	2	100.0	0	0.0	

Fishers' exact test was performed for statistical analysis.

Discussion

Family physicians possess distinctive attitudes and skills which qualify them to provide ongoing, comprehensive medical care to each member of the family. Family doctors maintain a wide range of competencies that depend on the patients and communities' needs, and medical situations^{7, 8}.

The literature has reported that most of the family physicians feel that the specialty is poorly accepted among the people and residents despite the majority of them have a pride sense of being family physician⁹. A study included 21 family physicians, 15 surgeons, 12 medical oncologists, 6 radiation oncologists, and 4 general practitioners. The participants were asked to explain the role of family medicine in the future care of patients. They reported three key roles, including coordinating care, managing comorbidities, and providing psychosocial care to patients and their families. However, the following challenges have also been reported in terms of family doctors being unable to perform these roles; communication with another specialist, lack of access to care by family doctors, lack of access of patients to family physicians' care, and the need of family doctors to training in survivorship care¹⁰.

A small percentage of the doctors who participated in the current study mentioned that FM obtain a high salary compared to other medical specialties. However, a previously conducted study in the same region reported that salary is one of the factors that determine the interest of medical doctors towards FM. They also determined that among factors that the FM is poorly valued in society is that it does not boost the work in the private sector and it provides limited career possibilities as well³, despite the doctors reported that FM has an essential social function and a high social status.

The attitudes of 170 specialists and junior doctors who worked in two teaching hospitals and three family medicine centers were explored in Baghdad-Iraq⁴. The study showed that 75% of them expressed a positive attitude to the family medicine concept. The conference attendance (94%) and training in managing minor operations (93%) were reported to be the most frequent services and skills perceived by the participants. The authors hypothesized that conference attending may affect the doctors to select family medicine as a future carrier. Significantly, the majority of them emphasized the establishment of national guidelines as the main obstacle in the development of the family medicine branch. In comparison with the present study, the majority of doctors show high interest and presented high importance to family medicine as a future specialty.

In a cross-sectional analysis to explore the perceptions and expectations of doctors related to FM in Spain⁶. The study recognized that the doctors mentioned the FM has an essential social function, and pleasant working environment. Similarly, a small percentage (23.4%) reported that the family physician has a high salary compared to other medical doctors while a

small percentage of doctors (18.7%) reported that FM has a high status within the medical professions⁶.

Ultimately, the current study found that the experiences of doctors had a special influence on their opinions to select the FM for the future career. This finding is comparable to that of a study from United State, which showed that working conditions have a decisive impact on the selection of the medical field followed by inherence of the clinical practice such as the doctor-patient relationship with a wide range of medical issues¹¹. The selection of medical specialty by medical graduates has become a critical issue to governmental bodies in several countries. The governments need to make a balance of doctors to provide the needs of their populations¹².

The interest of the male and female medical graduates towards medical specialties is different in this region, the number of female graduates from medical schools that joined in surgery or male graduates that elected gynecology lagged. The cultural and religious factors may have a role to choose different specialties in Middle East countries¹³. Mehmood and Kumar et al¹⁴ reported that males presented a higher interest in FM compared to females in Saudi Arabia. The participants emphasized the contribution of the FM to a wide range of medical issues in the health system. Also, they valued the training of FM in an integrated, special, or both ways at the undergraduate course.

The important point can be traced from this study is the inclusion of a large number of doctors from multi-health setting across Duhok governorate. However, like many studies, this one could have suffered from weakness, where a small percentage of the females included in the study as the number of female graduates from medical schools in this region is still lower compared to males.

Conclusions

Family medicine has an important contribution to the doctor-patient relationship, health promotion, and counseling for preventive care. The undergraduate study course, work experience, having a private clinic and good salary were the most influential factors to determine the doctor attitude towards medical specialist. The number of family doctors in Duhok governorate and Kurdistan province is below the regional and international average, this indicates that there

is a need from the governmental institutes to increase the interest of the graduate doctors towards FM to fill the current gap.

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