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Research Article

MEASURING POPULATION AWARENESS ABOUT THE ROLE OF FAMILY PHYSICIAN IN AL-QASSIM PROVENANCE

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Abstract:

Background: The family physician is considered the first line of contact between a patient and the health system. A unique point for the family physician is that he/she deals with all ages, all health conditions, and both sexes which are built on a trusted relationship with a whole-person type of care. In addition to their job as a health care provider, they are also required to participate as an advisor in developing public health programs, ability to use population-based indicators in their practice, education of the population about healthy lifestyle habits, and collaborating with other health care providers during outbreaks.

Objectives: Assessment the awareness level about family physicians among general population in Al-Qassim provenance.

Methods: This study is a quantitative observational cross-sectional study which conducted among the general population in Al-Qassim provenance. The study questionnaire was designed as an electronic questionnaire, and it was published in social media. The study was approved by the departmental board review. Data were coded and entered by using Microsoft Excel. All statistical analyses were calculated using SPSS software. Chi-square was used to investigate the associations between variables. $P < 0.05$ was considered as statistically significant.

Results: A total of 919 individuals participated in the study. Most of [41.7%] them were aged from 20 to 29 years, 21.4% were from 30 to 39 years, 13.9% were from 40 to 49 years, 12.6% were less than 20 years, 8.3% were from 49 to 50 years, and only 2.1% were more than 60 years. Regarding gender, more than half of the participants [55.4%] were females. The statistical analysis showed a significant correlation between the incidence of chronic diseases and regular screening [P -value <0.001] where most of weren't subjected to regular screening and hadn't chronic diseases.

Conclusion: The survey assessed general population awareness toward FPs. We reported a high degree of awareness among our population [78.9%]. The majority of participants thought a family physicians could treat both adult and children patients. The majority of participants had a chronic disease and we reported significant correlation between the incidence of chronic diseases and awareness about family physicians.

Keywords: Family Physician, Family Medicine, Awareness.

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INTRODUCTION:

Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family [1]. Family Medicine is considered to be the most required medical specialty in Saudi Arabia for several reasons. The foremost reason is the high demand for the services of FPs by the Saudi community, which is estimated to be 15,000 FPs. The shortage of Saudi FPs is severe as they represent less than 28% of the total physician power at the Primary Healthcare Centre [PHCC] level [1]. Other reasons include deficiency of qualified FPs in PHCCs, the huge expansion of the number of PHCCs in Saudi Arabia, which is more than 2,000 [1].

A family physician [FPs] functions in primary, secondary or tertiary-care centers as a specialist clinician and provides first contact and continuity of care to all the individuals in the defined population, without any limitations of sex, age, organ, or disease. He/she is an expert in managing undifferentiated illnesses, manages multiple problems in the same patient, either acute or chronic, be it at the preventive, promotive, curative, rehabilitative or palliative care level [2].

Some studies from KSA have shown that more attention is required at all levels of FM to produce an adequate number of FPs and improve both the academic aspects and the services provided by FM in the country [4-7]. A few studies have been conducted to evaluate FM in KSA. However, there is a need for a comprehensive national survey to analyze the current situation in KSA and draw up a strategic plan to achieve the national vision of 2020 in FM.

There is a lack of studies that measures the perception of family medicine among the population in Saudi Arabia. Therefore this study aimed to measure Population Awareness about the Role of Family Physician in Al-Qassim Provenance. Also with other objectives, we set including their satisfaction about previous visits to the family clinic and the ability to choose the family physician in certain conditions rather than going.

MATERIALS AND METHODS:

This study is a quantitative observational cross-sectional survey conducted among the general population who had access to social media in Al-Qassim provenance. Data was collected using a structured questionnaire. The study questionnaire was devised with formal discussion with experts. The study questionnaire was designed as an electronic questionnaire, and it was published in social media. The questionnaire evaluated the participant's sociodemographic characteristics, level of awareness of family medicine. The study was approved by the departmental board review.

Literate adult people in Al-Qassim Provenance, 18 years or older [age of consent] and both sexes were included in our study while Illiterate people [Not read or write], before the age of 18 were excluded.

The sample size was calculated using the sample size calculator. Confidence level 95%, confidence interval 5, Qassim population 1.4 million.

Statistical analysis:

Data analysis Data were analyzed using the SPSS software version 16 [IBM Corporation, Armonk, NY, USA. Qualitative data were described using numbers and percent distribution. A comparison was done using the chi-square test for categorical variables, the level of significance was set at $p < 0.05$.

RESULTS:

A total of 919 individuals participated in the study. Most of [41.7%] them were aged from 20 to 29 years, 21.4% were from 30 to 39 years, 13.9% were from 40 to 49 years, 12.6% were less than 20 years, 8.3% were from 49 to 50 years, and only 2.1% were more than 60 years. Regarding gender, more than half of the participants [55.4%] were females. In concern with the education level, about two-thirds of participants [65.2%] had the Bachelor degree, 30.9% were secondary or less, 3.4% had the master degree, and only 0.5% had the Ph.D. degree. The majority of participants [70.7%] hadn't chronic diseases, while the remaining [29.3%] were suffered from chronic diseases [Table 1].

Table 1: Distribution of demographic characteristics among the studied population.

		N	%
Age [year]	<20	116	12.6
	20 - 29	383	41.7
	30 - 39	197	21.4
	40 - 49	128	13.9
	50 - 59	76	8.3
	> 60	19	2.1
Sex	Female	509	55.4
	Male	410	44.6
Education	Secondary or less	284	30.9
	Bachelor	599	65.2
	Ph.D.	5	.5
	Master	31	3.4
Having chronic disease	No	650	70.7
	Yes	269	29.3

Approximately all participants [95%] thought that family physicians could treat both adult and young patients, 2.7% thought they treated only adult patients, and 2.3% thought they treated only young patients. Regarding the disease type which treated by FPs, 70.3%, 44.4%, 34.5% and 27.8% of participants thought they treated headache, red eye, worry, and acne respectively.

Only 22.2% of our participants subjected to regular screening, where 10.4% went to general hospitals, 6.3% went to PHC, 3.5% went to private hospitals and 2.1% private. Only 21.2% visited the FPs.

71.9%, 64.4% and 23.1% thoughts that Haematemesis, Coma after falling and Severe cough respectively are cases that need emergency without a family physician referral.

Table 2 illustrated the awareness about family medicine among the studied population. Most of the participants [71.9%] heard about family medicine, about half of them [50.5%] thought that there was a difference between family and general physician while [44.5%] didn't know if there was a difference between family and general physician or not and only 5% thought there was no difference between both of them. More than half of them [50.8%] thought that both of general and family physicians requires four years of study and training after graduation from the Faculty of Medicine, 33.9% thought that only family physicians require four years of study and training and 15.2% thought that only general physicians require the training. Regarding the type of hospitals where FM services present, 45.2% thought the services were present in all types of hospitals, 31.1% thought they present in PHC center, 12.2% were in Specialized hospital and 11.5% were in general hospitals.

Table 2: Awareness about Family Medicine.

		N[=919]	%
Have heard about family medicine	No	258	28.1
	Yes	661	71.9
Is there is any difference between a family and general physician	No	46	5.0
	Don't know	409	44.5
	Yes	464	50.5
Which requires four years of study and training after	General physician	140	15.2
	Family physician	312	33.9

graduation from the Faculty of Medicine?	Both	467	50.8
Where FM services present	PHC center	286	31.1
	Specialized hospital	112	12.2
	General hospital	106	11.5
	All	415	45.2
The family physician can treat	Adults	25	2.7
	Young	21	2.3
	Both	873	95.0
Diseases treated by FP*	Headache	646	70.3
	Worry	317	34.5
	Red eye	406	44.4
	Acne	256	27.8
Regular screening	No	715	77.8
	Yes	204	22.2
Where	Private	19	2.1
	PHC	58	6.3
	General hospital	96	10.4
	Private hospital	32	3.5
Do you visit Family Physician	No	724	78.8
	Yes	195	21.2
Cases need emergency without a family physician referral	Haematemesis	661	71.9
	Coma after falling	592	64.4
	Severe cough	212	23.1

*More than one answer was allowed

Patients were asked about their satisfaction with their relationship with the family physicians as compared to outpatient physicians; the results were illustrated in table 3. More than two-thirds of participants [69.1%] didn't know, 14.9% with excellent relationship, 13.5% with a good relationship and 2.5% with a bad relationship with family physicians.

Table 3: Attitude toward Family services.

Assessment of attitude toward Family services	Frequency	Percent
Bad	23	2.5
Good	124	13.5
Excellent	137	14.9
Don't know	635	69.1
Total	919	100.0

Regarding the smoking status of participants, most of them [86.0%] weren't smokers, while the remaining 14.0% were smokers. 12.4% of them thought family physicians could help them, 27.3% of them thought family physicians could not help them, while 60.3% were missed [Table 4].

Table 4: Smoking status of participants.

		N [919]	%
Do you smoke	No	790	86.0
	Yes	129	14.0
Do you think family physician can help you	Yes	114	12.4
	No	251	27.3
	Missing	554	60.3

Table 5 illustrated the relation between having chronic diseases and Family services use and perception. The statistical analysis showed significant correlation between incidence of chronic diseases and regular screening [P-value<0.001] where most of them who were not subjected to regular screening and hadn't chronic diseases while the was no significance regarding the incidence of chronic diseases and hearing about family medicine and previously meet family physician [P-value=0.09 and 0.079] respectively.

Table 5: Relation between having chronic diseases and Family services use and perception.

			Chronic diseases		P value
			No	Yes	
Do you hear about famiy medicine	No	N	193	65	0.09
		%	29.7%	24.2%	
	Yes	N	457	204	
		%	70.3%	75.8%	
Regular screening	No	N	550	165	<0.001
		%	84.6%	61.3%	
	Yes	N	100	104	
		%	15.4%	38.7%	
Previously meet family physician	No	N	522	202	0.079
		%	80.3%	75.1%	
	Yes	N	128	67	
		%	19.7%	24.9%	

Our statistical analysis reported a significant correlation between commission to periodic examination commensurate with their age and their awareness about family medicine [P-value<0.001] where the awareness increase among those who committed to periodic examination.

Table 6: Relationship between the level of awareness and the commitment to periodic examination at the family physicians.

Awareness of family medicine		Do you commit to periodic examination commensurate with your age?		Total
		No	Yes	
No	N	225	33	<0.001
	%	31.5%	16.2%	
Yes	N	490	171	
	%	68.5%	83.8%	

DISCUSSION:

Family physicians have unique attitudes, skills, and knowledge which qualify them to present continuing comprehensive health maintenance, medical care, and preventive services to each member of the family regardless of age, sex or type of problem, be it biological, social or behavioral. These specialists, because of their background and communications with the family, are best qualified to serve as each patient's advocate in all health-related matters, including the health services, appropriate use of consultants, and community resources [8].

This research was done with objectivity and with crucial scrutiny to investigate the public awareness of the family physicians in Al-Qassim, Saudi Arabia. A high level of awareness of the family medicine discipline was recorded in this study [71.9%] among the general population who accessed social media. This is similar to the level of awareness in Ghana [88.0%] [9], lower than the 95% recorded in Greece [10] but higher than the 47% recorded among medical students in Dar es Salaam, Tanzania [11], which was attributed to their profound lack of understanding of the role of family physicians.

Our study confirmed that FPs were able to treat both adults and children patients this results mismatched with a Nairobi study which conducted with Mohamoud et al., [2018] [12] who reported a lack of trust in FPs' ability to manage children could be explained by the fact that specialist pediatric care is initiated in all private hospitals immediately from the time of birth. The general tendency is for the parents to continue with this care from a pediatrician along with childhood immunization. A study also confirmed the tendency by FDs in private practice to refer patients to the public sector for immunization because of the high costs involved, thereby diminishing their role in this important activity [13].

Chronic diseases are now the leading cause of mortality, world wide. They cause 60% of all deaths, and their burden is increasing rapidly. These diseases happen at a younger age and affect the economically productive segment of society [14]. Family physicians play a significant role in handling these diseases and risk factors. The bulk of diabetes, respiratory illness, and hypertension are managed by family doctors, not by specialists. Signs and symptoms of cardiovascular disease and cancer, such as chest pain, loss of appetite, and weight loss, are often noted by family physicians first [14]. Our study showed a significant correlation between the incidence of chronic diseases and regular screening by family physicians [P-value<0.001].

The development of the periodic health examination [PHE] in 1979 reflected a paradigm shift in how family physicians approached managing health [15]. Since then, family physicians have placed considerable emphasis on preventive health interventions to diminish health complications. Despite the evidence that exists for preventive health care for adults between the ages of 18 and 65 years [16]. Our results reported a significant correlation between periodic health examination commensurate with their age and their awareness about family medicine [P-value<0.001] where the awareness increase among those who committed to periodic examination.

CONCLUSION:

The survey assessed general population awareness toward FPs. We reported a high degree of awareness among our population [78.9%]. The majority of participants thought a family physicians could treat both adult and children patients. The majority of participants had a chronic disease, and we reported a significant correlation between the incidence of chronic diseases and awareness about the family physician. There was a significant correlation between

periodic health examination commensurate with their age and their awareness about family medicine where the awareness increase among those who committed to periodic examination.

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