

PREVENTIVE FACTORS TO SERVE IN FAMILY PHYSICIAN PROGRAM (FPP): A QUALITATIVE RESEARCH

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ABSTRACT

Background: One of the amendments made in Iran's Health System is family physician program (FPP) is introduced in 2004.

This study aimed to describe the experiences of physicians in health team members of about serving inhibiting factors in Arak University of medical science to review the performance of this program.

Methods: This study is a qualitative content analysis conducted on the members of health team. The data collection was in-depth semi-structured interviews with the participants assessing their viewpoints on preventive factors to serve in a FPP. The purposive sampling approach was used. Fifty five interviews were carried out with 15 midwives, 15 physicians, and 25 community health workers. Content analysis with conventional approaches was used to analyse the data.

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Results: After continuous analysis of the data two themes were extracted: management factors and public interests. These themes include five subcategories: administrative barrier factors, welfare barrier factors, motivation barrier factors, lack of orientation of the treatment and health systems, lack of orientation of the people, were created.

Conclusion: The following measures are recommended: conducting training justification programs for physicians and all members of health teams and public. In addition, revising the program to remove the pitfalls of the referral system, description of workers duties and timing of the service provision are recommended.

Key Words: Family physician program (FPP), Family Health Team, Inhibiting Factors

INTRODUCTION

Health is a basic element of social, economic, political, and cultural development in all human societies and has a significant importance in the development of infrastructure of various sectors of society. ^[1]

¹ The final objective of health system while providing health services is to promote the health level of all the people in the society to attend in economical and social activities with a healthy body. ² In family physician program (FPP) the general objective of the plan is to maintain and promote the health rate of the society and provide health related services related to the individuals, families, population, and supported society-regardless of age and gender differences. ^[2,3]

FPP ultimate goal is to avoid repeated and unnecessary level of service to more specialized areas, waste of human and material costs and easier access to health services in rural and urban areas. ⁴ In FPP staff satisfaction is an important element that could determine the quality and quantity of services provision. The study about physicians' society has demonstrated that elements such as being interesting, Favourable conditions of work, progress, honesty and cooperation among colleagues and empathy provide satisfaction for the staff play an important role. Considering those elements, it is easy to determine dissatisfaction and job burnouts in physicians' societies. ^[3,4] In a study, Sadeghi et al. research about satisfaction of the physicians and health team members, showed that the 49.3% of physicians were interested in continuing their cooperation in the urban FPP that suggested relative satisfaction. ^[5]

In a study by Wong *et al.* entitled as "Predicting the scope of practice of family physicians in Canada", the results suggested that geographical and environmental factors along with physical resources were important factors in determining the contribution of family

physicians in the program and their satisfaction rate.^[6] The FPP started in 2005 in Arak city. The plan includes 150 health members in 102 health centres. Also, 150 physicians, 102 midwives, and 740 community health worker in health team. This study tends to describe the experiences of the physicians in the health team and inhibiting factors effecting the promotion of the quality of the plan, because every research starts with a special question and this question has the determinative and directorial role in the process of plan execution. Therefore, the kind of question determines the method of the research. This research tries to answer this question: what does the physicians experience suggest about the quality of family physician program? According to this question the best method is a method that demonstrates the nature of this phenomena and its formulation process. Therefore, the qualitative method has been implemented in his research.

Finally, it is important that the nature of the problem that should lead to selection of method and design, and not the reverse.^[7,8] Therefore in this study, qualitative method (phenomenology) was felt to be a better method. Because Phenomenology is a design that best fits research problems that are unstructured, and for which there is little or no research or evidence in the literature. Moreover Phenomenology involves gathering the lived experiences of individuals (physician, midwives, health worker) , and if these experiences are unique and largely unstudied, then a phenomenological study can generate thick descriptions of great value for understanding a problem that has not been well studied for example family physician plan in Iran .

This study aimed to describe the experiences of physicians in health team members of about serving inhibiting factors to review the performance of this program.

METHODS

This study is a qualitative research. According to the fact that this study aims at understanding the physicians and other members' experiences and inhibiting factors in the health team, the researcher implemented a qualitative method-phenomenology that undertake some tools in order to analyze those elements and gain profound information about the samples.

Study participants

The context of the research includes health centres. The participants consist of three groups: 15 physicians, 25 midwives, and 25 community health workers.

Community health worker embraces a variety of community health aides selected, trained and working in the communities from which they come. A widely accepted definition was proposed by a WHO:

Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system. (WHO 1989)

The members of the team are selected from different centres of family physician programs, and 55 were selected according to purposeful sampling.

Inclusion criteria was: at least one year experience of working in family physician program, at least one year working in FPP in suburbs.

Exclusion criteria was:

Inability to do any of the following items:

Communicate and understand the concepts, capabilities and ease of verbal expression, feel and express inner emotions without feeling shy.

Interviews

Data collection has been done through individual interview. To gain information about the participants' experiences, the researcher asked questions about the way they got acquainted with the family physician program, their experiences about the ways of executing, and finally the rate of their achievements to the goals of the program.

All of the interviews were conducted in a private room and each participant was interviewed individually. The length of each interview is about 1.5 hours to 2 according to the participants' tendencies it was flexible. Each interview was recorded and transcribed right after.

In this study in order to increase the validity of the research, In addition to the principal investigator, other members of the research team at least 2 people in all stages of data collection, analysis and interpretation of data have active participation. Moreover, in the present study, after coding each interview, the full version of them include codes and key phrases provided to participants in order to assess the compatibility of the codes with the participants experience. Researchers have also re-read and coding the text implemented of interviews within a few days after the initial coding, and compared the results with the first coding. In the case of achieving similar results, stability and coordination of data and thus their reliability was confirmed.

The open coding method was using in this study. In order to analyze the data the researcher coded the results of the interview and wrote in another paper. Then the first categorized codes were written in the same group of similar codes. A qualitative analysis has been implemented to analyze the data in a way that the researcher summarized the results to have short and reasonable text results. ^[9]

In every research the data should be reliable. In order for the reliability to be acceptable ongoing conflict, using a combination of research, review, observers and participants are implemented.^[10]

In fact reliability is the consistence of the scores during the passing time.^[9] In order to boost the depth and length of the information, the researcher devoted a lot of time to gather data. In qualitative study to assure reliability can be describe appropriate strategies such as triangulation, prolonged contact, member checks, saturation, reflexivity, and peer review.^[10] In this study in order to increase the reliability of the research the researcher tried to get in touch with the participants more and in order to increase the reliability of the data member check and peer check have been implemented. Moreover with providing participants a copy of the transcribed notes from audio recordings enables them to review detailed interview responses (member checking), and verify the interpretive accuracy this increases reliability.

Data analysis

In order to analyse the reliability first the opinions of the individuals such as physicians, midwives, and workers outside of the research about the quality of the research were exploited, documented, and analyzed, and finally was compared with those of participants in the research to see the similarities. Second, after the interview the participants were asked to read their interview and confirm them either. In order to revise the content of the interview two professors beside the researcher who were well experienced in qualitative research were asked to analyze the codes and confirm them. Also, the researcher has tried to document the steps of the research in order for the other researchers to continue this research.^[11]

Ethical considerations

The study was approved by the ethics committee of Arak University of Medical Sciences. Participation in the study was voluntary, and participants were ensured that they could withdraw from the study whenever they wanted. At the beginning of the interviews, research goals and

method were explained to the participants, and they were assured of the confidentiality of information. Ethical considerations were respected during all the processes of the study, including data collection (recording and transcribing the interviews), data analysis, and dissemination of results. All information was collected anonymously, and the outcomes were used for research purposes.

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RESULTS

In this study 376 codes were extracted and after reviewing the codes and integrating the similar ones, their numbers decreased to 30 and 2 management and general benefits' themes were elicited. Then the codes were compared in terms of similarities and differences and were categorized as main and secondary groups. There were generally 7 main groups (Organizing – Manpower planning- Provision of services process- Evaluation - Orientation - Healthcare benefits - Economic benefits) and 5 subcategories (official inhibiting factors – Welfare inhibiting factors- Motivational inhibiting factors - Insufficient justification of healthcare system – Insufficient justification people). In this study the researcher tries to deal with the inhibiting factors of FPP services.

The main category: Service provision process

Subcategory: Official inhibiting factor

Increase in Responsibility and Workload

Most of family physicians and midwives (more than 50%) complain about the high work load and responsibility, and not being employed. They criticize that because of high amount of customers, increase in working hours, and having a dynamic schedule after the visits, we always feel exhausted.

Physicians are main elements in the centre and should do all the jobs and should consider the personnel' rights.

Midwives are the main element in the centre after the physicians. Because they are responsible for doing affairs of pregnant women, family planning and training meeting.

Considering to the high volume of our work that the FPP cause them, we do not receiving the appropriate fee.

Vacation

The physicians and midwives believe that in family physician programs there has not been attention a lot to the mentioned problems.

“The permitted vacation days are 2 and 3 for two subsequent months which could not be saved. If we do not use them they will be missed” (midwife 15).

“We have limited option regarding the length of vacations: we can't save them and if we do not use them they will be missed” (physicians 4 & 13).

Lack of Perquisite Facilities, Medicines, and Physical Space

Attention to compulsions and medicines, and also access to sampling terms, laboratory, and services are the other problem mentioned by the participants.

“In the villages where the population is low, we do not access to emergency services and even an electroconvulsive device and an emergency trolley is not available” (physician 3).

“We do not have the new drugs such as medicines for mental retardation that are available for treating diseases on the market. The patients have to go to Arak to buy the medicines” (Community health workers 2).

“Drugs are sufficient because we have chronic diseases such as hypertension. If the disease comes with hypertension and acute sinusitis we need more medicines. In addition, the physician applies some medicines more and some medicines are not available at all” (physician 15).

Sampling facilities are not enough or there is not a suitable condition to send the samples and the samples may get to laboratory which is so late.

Insurance Booklet

“Some of the physicians and the members of the team believe that the people who live in rural areas have to change their insurance booklets because of their limit papers. This has cause dissatisfaction” (physician 5).

“The council stamp is not related to the family physician that needs confirmation. The people troubles have increased and needs simpler approaches” (Community health workers 17).

Lack of Insurer Attention to Problems

Most of the physicians believe that the insurance company do not consider the problems and consider the organization benefits.

“Insurance experts are not aware of the work conditions in the villages and consider just the benefits of the organization. They do not pay attention to the problems that we are faced with” (physician 12).

“The insurance tells me that we have our own rules whereas the different conditions should be created due to popular culture. The Law enforcement is difficult and the insurance only claims its circulars. They do not realize the situation and also they do not know that the rules have aspects of performance or not” (physician 3).

If the physicians and the team members believe that the insurance companies should evaluate the physicians deeper.

Subcategories of Inhibiting Factors

Lack of Job Security

Most of the physicians (60%) believe that because they are not employed they do not have job security. They also believe that in contrast to their difficult condition in the village they do not receive enough salary. Other problems are not having the life facilities (accommodation, etc.).

“We do not have job security; therefore, we do not have enough motivation” (physician 5).

“We have a real problem of job security. We are insured but we are not aware weather we possess the job permanently or not. If a physician is in vacation in some months they will be substituted” (Physician 9).

Inadequacy of the Salary and Benefits

“We receive the salary on time. They told that our salaries 3 to 4 million toman versus the salary is just 1.5 million toman” (Physician 11).

“I am not content with the salary. The amount of salary is not clear and justice is not implemented” (Physician 12).

“We are supposed to help the patients with drugs and injections, our salaries are very low and most the money we receive is spent for transportation” (Midwife 5).

Hardness of Work in Rural Areas

“Because the work condition in rural areas is difficult the sustainability of the physicians in those areas is less” (Physician 11).

“We do not have housing right and goods basket” (physician 9).

“We do not have any transportation services” (midwife 1 and 2).

“Accommodation conditions are not suitable and according to the fact that we want to live in the village for a long time the facilities of the life are not sufficient enough” (physician 10).

Subcategories of inhibiting factors from motivation

Lack of attention to the work experience of physicians

In this study some of the physicians (about 40%) were of the opinion that the goals of the program were not achieve which consequently cause decrease in motivation among them. Also, some of the physicians believe that they do not consider their backgrounds and if a physician is transferred from one place to another his/her background will not be considered in the account.

“The salary is related to the distance. In my idea it is not fair that after 7 years experience my salary has not changed because I have been transferred to Arak town. This problem reduces the motivation” (physician 15).

The Main Category-Insufficient Familiarization

This group consists of two subcategories: 1) Insufficient Justification of Health-Care System
2) people insufficient persuasion.

Sub-Category: Insufficient Justification of Health-Care System

Lack of Culture Promotion

In this study most of the physicians (60%) were of the opinion that that no attempt has been undertaken to provide a suitable culture to start the program. People are not persuaded enough and this can be achieved through educational sessions.

“I think that every new thing should come with its culture. Our major problems are about pregnant women, children, vaccination and etc. When people do not pay for the services, they may do not appreciate it. Because they do not pay any money and think that it is beneficial for us. It was a good plan, but in order for it to be effective there should have been culture training for the people first” (physician 11).

“The workers play an important role in making culture. Because the patients visit the workers at first and I think the workers have not tried to provide this culture for the patients and people” (midwife 3).

Lack of justification in private section and second level by insurance company

In this study 70% of the physicians were of the opinion that that the beginning of the program no preliminary has been applied and most of the facilities were not enough. For example hospitals, secretaries of specialists, private sections, and drug stores were alien to the system of reference and yet the trainings are not suitable enough.

“There are limitations in the agreement with the laboratory and drug store, and rejection of rural patients” (physician 15).

Other discussed issues are the persuasion of private sector and the second level. The expressed items are as follow:

“Most of the secretaries and specialists are not aware of the plan and are not persuaded well enough. Therefore, they reject the patients. Also, some of the laboratories are not members of the agreement and receive money from the patients. The patients are not aware of the referential system and expect to receive other services either” (midwife 9).

Subcategory-people insufficient persuasion

In this most of the physicians (60%) believe that the people are not persuaded through insurance and the medias are should inform them of the referential system and its' objectives.

Insurance informing (people-level 2)

“From 100 percent of the government capitation, the insurance take 2 percent to train people. But they do not train people except for the first and second years. If the insurance provide people with the related training, they will listen better. If this not happen, the patients argue with us” (physician 14).

“They usually do not trust the physicians and complain that the amount of the medicines that have been prescribed for them are not sufficient and the physicians are good for diabetes and

hypertension. But generally they are satisfied of the beginning of the program” (Community health workers 14).

“The people are not informed enough of the program. They are given an insurance booklet and are told to give them to the physicians to be signed. They are not aware of the advantages of the booklets” (midwife 12).

Limitations of selecting the physicians by people

Some of the physicians (40%) declare that some patients prefer to come to physicians without referring to the health workers. This causes problems due to the large amount of visitors.

“Our colleagues sometimes persist on sending the patient to a special specialist and the patient prefer to select his/her own physician” (Physician 8).

“It is better to have a female and male physician. This helps if there was a problem related to female or male both be available” (Physician 1).

“Although we have two physicians in our center, most people prefer to choose one of them. It causes that the visitors of the first physician be more than the second one” (Midwife 2).

DISCUSSION

In this study the physicians and midwives believe that according to the limitations in rural areas such as far distance, the emergency services are poor which provide serious problems for the patients. In a study the results suggested that 60 percent of the physicians believe that in FPP forecasts about the emergency situations are not applied. ^[12]

According to this study results which were based on participants' opinions, lack of cooperation of some of the health members has caused serious problems. It has been done in a way that the responsibility of such services is on the physician's shoulders. Data about family physician in the United States revealed that 60% of general sources are given to family physicians to take care of chronic diseases. According to that study among all of the physicians in the program 12% were specialists, 13.5% internal specialists, 5.4% gynaecologists, 3 %general surgeons, and 58.9% were other general physicians. While in this study all of the family physicians, midwives, and health workers help him in the health team. ^[13]

In this research another inhibiting factors are vacations and lack of place and medicines. One of the necessities in the program was to support the villages and medicines' supplies. In a study Jabari et al. investigated the performance of family physician in Iran. Their results demonstrated that Shahroud did poorly in provision of supplies and equipment needed. ^[14]

Moreover in Jiroft (in Iran) the referral situation in FPP to level 2, was poor. ^[15] In another research, Motlagh et al. studied about the condition of family physician in north states. They demonstrated that 56.8 % of health workers in the health center were satisfied of the drug reserves. ^[16]

The results of the study make challenges as low salary in contrast to the education level of the staff, also, in US 21 percent of people live in the villages and 24.8 % of the physicians work in rural areas. The amount of salary of physicians in US is 116,000 dollars and for family physicians is 150,000 dollars which by far different from those in this study. ^[17]

Another study the results suggested that there is no balance between the amount of work and money that the physicians receive. ^[7] Most of the participants believed that lack of culture promotion before starting the program increase the level of expectation of people. So that some of these demands are inconsistent with the infrastructures and objectives of this program. As results, the executing of program will confront with a lot of problems. In a study implemented by Lankarani et al. making culture and informing people were among the elements that were must be considered in family physician programs. ^[18]

In insufficient persuasion subcategory, the results showed that all of the people are not aware of referential system and categorization of the services, whereas people play an important role in the process of referential system. The information about the program decrease the expectations and prevent people will not recourse level 2. So many referring by people especially women decrease the quality of service provision. We should overcome this problem by providing them with a rich culture of the physician family program.

CONCLUSION

According to the results of the research, holding persuasion training sessions to all members of the program, exploiting the electronic files instead of traditional ones aiming at quick access to physicians and people information promoting the services, and also revision of the program in order to solve its' problems are suggested.

There were some limitations in this study. The internal moods of the participants affected the way they answered the questionnaire. Therefore, the researcher tried to provide them with enough time, comfortable condition, and change the format of the questionnaire to open questions to solve the problem.

Conflict of interest

The authors declare that they have no conflict of interest

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