

Knowledge, attitude, and practice of patients, visiting a private primary level health care facility towards family physicians

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ABSTRACT

Aim and Objective: To study the knowledge, perception, attitude, and practice of patients visiting a private primary health centre towards family physicians. **Methodology:** A cross-sectional questionnaire-based study was planned. **Results:** A total of 272 patients visiting the health centre were included in the study. **Knowledge:** Above 90% of the patients felt confident in the capabilities of family physicians in managing all kinds of health problems and the time/cost-effectiveness of this speciality. Timely referral and holistic care were other areas that boosted their confidence on family physicians. 96.7% knew that family physicians are trained specialists. **Attitude:** Although only 50% of the study participants were already seeking the services of a family physician, 88% of them felt that a family physician would be their primary point of contact in their health care needs. **Practice:** The positive attitude, knowledge, and perception towards family medicine were not reflected on their treatment seeking practice in areas of care, such as childcare (66.2%) and pregnancy (81.6%), where they preferred the services of a specialist. Also, for diabetes (52%) and chest pain (66%) related issues, the patients favoured a specialist's care over that of a family physician. **Conclusion:** Patients visiting our primary health centre had good knowledge and positive perception about the family physicians. Preference for specialists over family physicians was seen for conditions such as chest pain, diabetes care, child care, and obstetrics issues.

Keywords: Attitude, family physician, knowledge, practice

Background

In India, the health care system is very complex with a wide range of well-equipped tertiary centres in cities and urban areas to unequipped and inadequate primary care in the communities. The resources are unevenly distributed, and the patients visit tertiary centres even for minor ailments. This has resulted in increased burden on the tertiary care centres,

and hence, the care is also becoming expensive. The family doctor concept has almost disappeared, and currently, it is the era of specialisation.

At the same time, there is acknowledgement for the need to shift this vertical, disease-oriented model to a more integrated health care system where primary care physicians collaborate with specialists in other disciplines to deliver comprehensive care at the community level. The newly formed NMC (National Medical Commission) in India aims to facilitate the delivery of quality primary care as well as promote family medicine as a discipline. On the contrary, awareness about family medicine among the

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public and health stakeholders is poor. The transition to universal health coverage requires a greater emphasis and growth of family medicine, and this calls for a need to understand the patient's choice of health care provider and the perception of the patients about the family physicians.^[1-3]

Our study site hospital established a family medicine department in the year 2019. The hospital has established an upgraded satellite primary level health care centre with the availability of both family physicians as the primary care doctors and specialists. Patients have direct access to both the doctors. In this setup, we wanted to understand the knowledge and perception about family physicians' roles among patients and also understand the health provider choice of the patient.

Aim and objective

To study the knowledge, perception, attitude, and practice of patients visiting the private primary health centre towards family physicians.

Methodology

A cross-sectional questionnaire-based study was planned. The family medicine consultant or resident obtained informed consent from the patients visiting the centre and handed over a pre-tested printed questionnaire to fill up. The questionnaire captured the details of the following:

1. The socio-demographic profile of the patients.
2. Knowledge on the role of family physicians: Questions included family physicians' ability to treat all the health needs of the family and individual, holistic care, cost-effective care, appropriate referral, and whether the family physician is a trained doctor. A 5-point Likert scale was used for answering the questions.
3. Perception about the attributes of family doctors: Questions included the ability to listen to patients, caring, mannerism, knowledgeable, and whether the family doctor knows the family and involves patients in decision making. A 5-point Likert scale was used for answering the questions.
4. Attitude towards seeking family physicians' consultation: Do they have a family physician and whom do they consult first for health care need – a specialist or a family physician
5. Practice – Whom do they choose between a family physician and a specialist for ailments such as child care, pregnancy, diabetes, chest pain, wound, skin problems, joint pains, abdominal pain, and so on?

Confidentiality was ensured throughout the study by giving an option to provide or not their personal details. Ethical clearance was obtained from Institutional Ethics Committee, St. John's Medical College, Bangalore. The study was conducted from November 2021 to March 2022.

Inclusion criteria

1. An age of 18 years or above

2. Residents of the apartment complex visiting St John's health centre for out-patient department (OPD)-based treatment/consultation on a regular basis (has visited the centre more than one time).

Exclusion criteria

1. Any patient requiring emergency care or too sick to comprehend or answer the questionnaire was excluded from the study.
2. Patients visiting the centre for the first time were also excluded.

Site of the study

The study was conducted at St John's health centre, which is an upgraded primary care centre with a daily family physician from OPD and a weekly once specialist from OPD for orthopaedics, dermatology, general surgeon, paediatrician obstetrics, and psychiatry. Monthly clinics in specialist departments such as cardiology, endocrinology, neurology, and so on are located in the periphery of Bangalore city. The centre caters to the health care needs of a nearby residence complex with a population of around 6000 and surrounding villages.

Sample size

The sample size was based on a similar study (details as follows) performed in Saudi Arabia,^[4,5] which showed the prevalence of 70% of awareness and preference of patients towards family physicians. Therefore, with the prevalence of 70%, the total population of the residence apartment being 6000, and taking a confidence interval (CI) of 95%, the sample size was calculated as 261 patients (OpenEpi online platform for calculating the sample size).

Statistics

The collected data were alphabetically and numerically coded and entered in Microsoft Excel 2007, and statistical analysis was performed in SPSS version 19.0. Socio-demographic profiles and the responses were scored and analysed using descriptive statistics such as frequencies, mean, and standard deviation. The 5-point Likert scale was reduced to three responses (agree, disagree, and not sure) for statistical analysis. A *P* value of less than 0.05 was considered statistically significant.

SPSS computer software and Microsoft Excel were used for data management.

Results

A total 272 patients visiting the health centre were included in the study.

A significant majority (89%) of the consenting participants in the study were aged less than 60 years. 50% of the study subjects were degree holders, and 46.3% were professionals [Table 1].

Above 90% of the patients felt confident in the capabilities of family physicians in managing all kinds of health problems and the time/cost-effectiveness of this speciality. Timely referral and holistic care were other areas that boosted their confidence on family physicians. 96.7% knew that family physicians are trained specialists. Overall, respondents had very good knowledge about the role of the family physicians [Table 2].

More than 95% of the patients found a listening and caring attitude, good mannerism and knowledge of the family physicians, and the ability to involve the patient in the decision-making process [Table 3].

However, only 86% of them felt that the practitioner knew them and their family members well. This was associated with the number of visits. When the number of visits was more than 4, they felt a better rapport with the physician. This could also be because of not consulting the family physicians for all the health care needs of the family [Table 3].

Although only 50% of the study participants were already seeking the services of a family physician, 88% of them felt that a family physician would be their primary point of contact in their health care needs [Table 4].

The positive attitude, knowledge, and perception towards family medicine were not reflected in their treatment seeking practice in areas of care such as childcare (66.2%) and pregnancy (81.6%), where they preferred the services of a specialist.

Table 1: Socio-demographic profile of the patients visiting the centre

Characteristic	Number of responses
Age	
<60 years	243 (89.3%)
>60 years	29 (10.7%)
Sex	
Male	122 (44.8%)
Female	150 (55.2%)
Education	
Degree	137 (50.4%)
Postgraduate	69 (25.3%)
Others	66 (24.3%)
Occupation	
Skilled	32 (11.7%)
Professional	125 (46.3%)
Others	113 (42.0%)

Also, for diabetes (52%)-related issues, the patients favoured a specialist's care over that of a family physician [Table 5].

Preference for a specialist consultation was also noted in seemingly life-threatening conditions such as chest pain, where only 44% felt confident in seeking a family physician's consultation.

Discussion

The study aimed to understand the knowledge about family physicians' roles among patients and how patients perceive the role of family physicians and also understand the health provider choice of the patient.

Knowledge and perception about family physicians

Overall, the patients visiting the centre had good knowledge about the role of family physicians. More than 90% agreed that family physicians take care of all the health needs of the family and individual and provide holistic care, cost-effective care, and appropriate referral, and it is a trained speciality.

The patients had a very positive perception about the care provided by the family physicians. Major attributes of the family physicians such as involving patients in decision making, listening ability, caring, and the knowledge of the family physicians were well appreciated by the patients visiting the centre.

The finding of knowledge and perception towards family physicians is similar to those of other studies performed in Saudi Arabia.^[4,6] However, in the studies of Saudi Arabia, the experience of public with family physicians was less satisfactory. There are no studies performed in India for comparison.

The first implication of this study is that patients do recognise the roles family physicians can play in the health of the individuals and the families and have a positive perception about them.

Attitude and practice towards family physicians

However, in spite of good knowledge and positive perception about the family physicians, the attitude towards having family physicians as the constant care providers for their family was poor. Although patients chose family physicians for many of their ailments, for some issues such as child care, obstetric care, diabetes management, and chest pain, the patients preferred to visit specialists rather than family physicians. Reasons for these findings could be patients' apprehension about their illness and

Table 2: Knowledge about roles of a family physicians

Question regarding knowledge	Agree	Disagree	Not sure	Total
Family physicians can take care of health needs of the entire family	268 (98.6%)	2 (0.7%)	2 (0.7%)	272
Family physicians can handle all the medical problems of the family	246 (90.4%)	17 (6.3%)	9 (3.30%)	272
Family physicians can guide me better when to seek other specialist/super specialist care	270 (99.2%)	1 (0.4%)	1 (0.4%)	272
It is time-saving and cost-effective to have family physicians	269 (98.9%)	1 (0.4%)	2 (0.8%)	272
Family physicians will provide holistic care	264 (97.1%)	3 (1.1%)	5 (1.83%)	272
Family physicians are trained in their speciality	263 (96.7%)	3 (1.1%)	6 (2.20%)	272

Table 3: Perception of attributes of a family physician

Question regarding perception	Agree	Disagree	Not sure	Total
Listens to me completely	269 (98.9%)	2 (0.7%)	1 (0.36%)	272
Is well mannered	271 (99.6%)	1 (0.4%)	0	272
Is Caring	270 (99.3%)	2 (0.7%)	0	272
Is Knowledgeable	270 (99.3%)	1 (0.4%)	1 (0.36%)	272
Knows me and my family	236 (86.8%)	16 (5.9%)	20 (7.35%)	272
Involves me in decision making	262 (96.3%)	5 (1.8%)	5 (1.83%)	272

Table 4: Attitude towards family physicians

Attitude of patients	Yes	No
Do you/your family have a family physician? (Before visiting our health centre)	138 (50%)	138 (50%)
Family physician is the first doctor I would like to see in most of my health conditions.	241 (88.6%)	31 (11.4%)

Table 5: Practice choice of doctor among the patients attending the centre for a particular health issue

Variable	Family physician	Specialist	Number (n)
Chest pain	121 (44.5%)	151 (55.5%)	272
Diabetes mellitus	128 (47.1%)	144 (52.9%)	272
Childcare	92 (33.8%)	180 (66.2%)	272
Headache	228 (83.8%)	44 (15.8%)	272
Pregnancy	50 (18.4%)	222 (81.6%)	272
Joint pain	166 (61%)	106 (39%)	272
Wound and falls	204 (75%)	68 (25%)	272
Minor skin ailments	201 (73.9%)	71 (26.1%)	272
Giddiness	223 (82%)	49 (17.6%)	272
Pain abdomen	207 (76.1%)	65 (23.5%)	272

wanting to get the best care possible in these conditions with the easily accessible specialist care. This study is conducted in the sub-urban area, and the patients are from the upper-middle-class background, where the knowledge and awareness about the diseases and resources are high.

In other studies, public preferred to go to specialists for emergency care, chronic diseases, child illness, and pregnancy care, which was similar to our study.^[5]

Therefore, the second implication of the study is that patients prefer to consult family physicians for many of their ailments, but for some of the ailments such as child care, obstetrics, chest pain, and chronic disease such as diabetes, they would want a direct access to specialists.

Evidence for family physicians as the gate keepers of the health care system – caring for all

There are many studies which show that increased childhood immunisations, promotion of breastfeeding, and reduced childhood mortality and morbidity are seen in primary care because of the involvement and participation of the community rather than the specialty care.^[7] There are many non-cardiac causes of chest pain which can be ruled out by the primary care

doctors and referred to higher centres only if required. Resources can be better managed if the primary care doctors are the first point of care whatever the ailment is.

There is ample evidence from all over the world that demonstrates that people are healthier with better health results in the areas where the care is through primary care physicians.^[8-11] A big example for this was the study which showed that an increase of just one primary care doctor per 10,000 population is associated with a 6% decrease in mortality in England.^[12] On the contrary to what is believed, it is seen that that if the services are re-organised, where the primary doctors are the first point of care, there are better health results as opposed to systems predominated by specialists. These primary care-based health-care systems have better quality of care, better population health, and greater equity at a lower cost.^[13,14]

Scope and role of family medicine globally

The scope and role of family medicine vary worldwide. The concept of family medicine first emerged in Canada and Britain in 1960. In these countries, family physicians act as the gate keepers of the health care system. Family practitioners are responsible for registered populations of patients and typically work in groups of 4–6 self-employed physicians, and they are the first point of care. In USA, family medicine was established as distinct specialty in the year 1969. Family doctors do not work as gate keepers as much as in Canada and UK. In Russia and north Europe, the specialty is yet to gain recognition, and they train primary care doctors in child and obstetric care separately from adult medicine. In the Asian countries such as India and China, the concept of family physicians is yet to take its place but is fast growing. Family medicine discipline is broad, complex, comprehensive, and adaptable. The role and scope of a family physician can be defined by the community he or she serves.^[15,16]

WONCA (World Organisation of Family Doctors) defines family physicians as practitioners who care for patients of all ages; ensure access to comprehensive primary and secondary services; manage infectious and chronic diseases; provide emergency, active, and long-term care; and coordinate individual clinical, community, and public health services.

However, WONCA further recognises that.

The scope of each family doctor's training and practice varies according to the contexts of the work, the roles, and the organisation and resources of the health systems in each country to adapt to the health care needs of the individual countries.^[17]

Recommendations

Patients do recognise the role of family physicians and prefer them for many of their health needs. Family physicians' numbers should be increased drastically to meet the needs of the community. This can happen only by introducing this specialty in all the medical colleges.

The scope and role of family physicians can be defined by the population they serve. The role of family physicians in child care, obstetrics, and some of the emergencies should be decided based on the need of the community and the preference of the patients.

Political and administrative commitment can popularise the specialty among the public and health care sectors.

Conclusions

Patients visiting private primary health centres had good knowledge and positive perception about the family physicians.

For the majority (88%), family physicians are the first point of contact in their health care needs.

Preference for specialists over family physicians was seen for conditions such as chest pain, diabetes care, child care, and obstetrics issues.

There is an extensive need for future research in family medicine as a speciality and its various aspects in India.

Limitations

The study participants are residents of a residential complex in peripheral Bangalore. Therefore, the study population is not very inclusive in its representation.

The study has not done a detailed exploration of the reasons why the patients would prefer a specialist consultation in certain scenarios such as childcare, obstetrics, and chest pain. A comparison between the care provided by the specialist and the family physicians in these conditions is recommended.

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Conflicts of interest

There are no conflicts of interest.

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