

Public's perception and satisfaction on the role and services provided by family physicians in Saudi Arabia: A cross-sectional study

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ABSTRACT

Background: Few studies have addressed the awareness of the family physicians' (FPs) role and its impact on the quality of primary healthcare. This study aims to explore public's perception and satisfaction on the role and services provided by FPs in the Kingdom of Saudi Arabia (KSA). **Materials and Methods:** An online survey was conducted using a convenience sample of 830 participants age 18 years and above from Jazan region, KSA. Statistical analysis was done using SPSS including descriptive studies and Chi-square or Fisher's exact test. **Results:** A total of 830 valid responses were analyzed, of which 55.1% were females. The median age of respondents was 32.5 years (range 18–75 years). Most of the respondents (90.2%) did not have a regular FP. A considerable proportion of the participants were aware of the principles (81.2%) and essential role of family medicine (73.3%), health conditions that FPs can treat (59.9%), and conditions they do not treat ($n = 622$, 74.9%). The majority agreed on the value of involving FPs in their care (76.7%), the priority of FPs in the action of health-seeking (58.9%), and the sufficiency of FPs' expertise (55.5%). However, only 28.3% had a positive experience with FPs. In addition, 59.8% preferred to first seek healthcare from specialists from other specialties. **Conclusion:** In general, participants in this study had good perception of the role of FPs as important components in the healthcare system. However, there may be some gaps in the physician–patient communication which may contribute to the dissatisfaction reported by most of the present sample.

Keywords: Family medicine, family physicians, perception, satisfaction, Saudi Arabia

Introduction

Being one of the most important specialties in medicine, family medicine is focused on the overall healthcare of all individuals irrespective of their age, sex, and affected organ or system entity.^[1,2] Family physicians (FPs) incorporate knowledge from clinical, biological, and behavioral sciences and stand on important principles, namely, comprehensiveness, continuity of care, coordination, and accessibility.^[3] At present, there are 2282

primary healthcare centers (PHCCs) in the Kingdom of Saudi Arabia (KSA), with 60% of them being located in the rural areas. FPs comprise around 10% of all physicians in PHCCs in KSA.^[1]

FPs are critical to the healthcare system, whose foremost role is to deliver health services in treatment, prevention, rehabilitation, family planning, and education;^[4,5] therefore, public awareness of the role of FPs is vital for proper healthcare as it plays an important role in health-seeking behavior.^[4] Studies have found that patients frequently skip PHCCs and unnecessarily seek healthcare in specialized medical centers and tertiary hospitals;

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Received: 05-08-2019 Revised: 20-08-2019 Accepted: 19-09-2019

Access this article online

Quick Response Code:



Website:
www.jfmpc.com

DOI:
10.4103/jfmpc.jfmpc_621_19

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How to cite this article: Elagi AA, Jaber BA, Wassly AH, Ahmed RM, Bosily FA. Public's perception and satisfaction on the role and services provided by family physicians in Saudi Arabia: A cross-sectional study. J Family Med Prim Care 2019;8:3282-6.

therefore, studies addressing patients' awareness of the role of FPs are needed.

Several studies have evaluated the relationship between patients' awareness and utilization of PHCCs services and have shown a positive association.^[6-8] One study examined factors affecting patients' utilization of PHCCs in KSA and showed that patients' education level and awareness of care quality were important factors in determining the extent of primary healthcare utilization.^[9]

Mutual respect, trust, and confidentiality are the crucial aspects of the doctor–patient relationship which plays an important role in improving healthcare outcomes.^[10-12] Several studies have confirmed that patients' awareness of the role of their physicians influences their adherence and health outcomes, particularly when they have chronic and stigmatizing conditions such as diabetes mellitus, hypertension, cancer, and mental health problems.^[12-16]

Generally, acceptance of involvement of FPs has been reported to be high among patients attending to PHCCs. Chronically ill patients, in particular, were found to appreciate the continuity of care and the feeling of safety in the presence of a regular physician.^[17-19]

Acceptance and satisfaction with FPs have also been found to be associated with patients' trust and desire for meaningful communication.^[20-25] Several studies have found some gaps in the perception of FPs' roles and responsibilities among patients and their families.^[26,27] This lack of knowledge may be explained, in part, by patients' level of awareness of their physicians' role and poor communication skills from the treating doctor side.^[26]

Few studies have addressed awareness of the FPs' role and its impact on the quality of primary healthcare. This study aims to explore public's perception and satisfaction on the role and services provided by the FPs in KSA. Our findings may shed light on the gaps in perception of the role of FPs among the general Saudi population, which is central to decision-making and policies to ensuring satisfaction with the healthcare system.

Materials and Methods

This is an observational cross-sectional survey using an online questionnaire to explore public's perception and satisfaction on the role and services provided by FPs. The inclusion criteria were being a male or female, age 18 years or above, and residing in Jazan region, KSA for at least 6 months. Those who failed to meet the inclusion criteria were excluded from the study.

The questionnaire consisted of four main parts covering demographic information (part 1); participants' perception of the role of FPs, concerns regarding FPs' involvement in their care, and whether they would choose to have FPs involved in

their healthcare (part 2); participants' experiences with their FPs using a series of Likert-scale-based responses (part 3); the overall satisfaction with healthcare provided by FPs in the PHCCs and other health facilities. The questionnaire was adopted and modified from a previous study^[18] to meet the goals of this study. Given that Arabic is the mother language in the region, we found it necessary to translate the survey items from English to simple Arabic using back-translation.

A sample of 830 participants took part in our survey during the period from 1 February, 2019, to 1 June, 2019. The sample technique is considered convenience as only complete responses within this predesigned period were accepted.

After explaining the study goals, all participants were asked for their willingness to take part in the survey. The names and contact details were not included in the survey. Access to the online questionnaire was only allowed once to eliminate duplicate responses.

Prior to statistical analysis, data mining was done to check for the completeness of responses and coding errors. The categorical variables were presented as frequencies and percentages. The continuous variables were presented as means and standard deviations. Chi-square or Fisher's exact test was used for comparison between two categorical variables. Differences were considered significant if $P > 0.05$. Data were analyzed using Statistical Package of Social Sciences (SPSS) Version 20 (SPSS Inc., Chicago, IL, USA).

Results

A total of 830 participants agreed to take part in this study. The median age of respondents was 32.5 years (range 18–75 years); 457 (55.1%) of the sample were females. Most of participants ($n = 749$, 90.2%) did not have a regular FP. The sociodemographic details are summarized in Table 1.

Table 2 describes participants' perception of the role and involvement of FPs in their healthcare. Of respondents, 467 (56.3%) were aware of the FPs' role and 559 (67.3%) believed that FPs have an important role in the health system. Overall, most of respondents were aware of the principles ($n = 674$, 81.2%) and essential role of family medicine ($n = 612$, 73.3%), health conditions that the FPs can treat ($n = 497$, 59.9%) and conditions they do not treat ($n = 622$, 74.9%).

Table 3 describes participants' perceptions and experiences of having an FP involved in their healthcare. Regarding perceptions, 637 (76.7%) agreed on the value of having FPs involved in their care, the priority of the FPs in the action of health-seeking ($n = 489$, 58.9%), and the sufficiency of the FPs' expertise ($n = 461$, 55.5%). However, a significant proportion of participants ($n = 496$, 59.8) reported that they usually prefer to first see a specialist or consultant from specialties other than family medicine.

Table 1: Sociodemographic characteristics of study participants (n=830)

Variables	Frequency	Percentage
Sex		
Male	373	44.9
Female	457	55.1
Age group (in years)		
18-29	342	41.2
30-39	338	40.7
40-49	97	11.7
50-59	49	5.9
60 or older	4	0.5
Education level		
Postgraduate	151	18.2
University	548	66.0
High school	124	14.9
Intermediate or below	7	0.8
Job status		
Having a job	501	60.4
Not having a job (including students)	329	39.6
Do you have a regular FP?		
Yes	81	9.8
No	749	90.2

FP: family physician

Regarding participants' experiences and satisfaction with FP, 431 (51.9%) agreed that FPs are professional, attentive to their health concerns (419, 50.5%) and take a complete medical history (499, 60.1%) and physical examination (351, 42.3%). Also, 517 (62.3%) thought they could discuss all health issues with an FP.

Although 317 (38.2%) of participants were generally satisfied with having an FP involved in their care, only 235 (28.3%) had a positive experience with FPs. Nearly a quarter ($n = 204$, 24.6%) of participants complained of long visits and long waiting time ($n = 195$, 23.5%) in family medicine clinics. Overall, these results suggest that participants in our study have good perceptions of having FPs though a considerable proportion were less satisfied due, in part, to the factors attributed to the provided care.

Table 4 shows that having a regular FP was significantly associated with advanced age (>0.000). The difference was not significant with regard to sex ($P = 0.09$).

Discussion

The main objective of this study was to explore public's perception and satisfaction on the role and services provided by the FPs in Jazan region, KSA. Although 43.7% thought they were not, the analysis showed that most respondents were aware of the role of FPs. Overall, most of our respondents reported positive attitudes toward the significance of FPs in the healthcare system and agreed on the basic role of family medicine and the FPs' scope of practice. These findings are in agreement with what has been shown in previous studies from Ireland,^[28] Denmark,^[29]

Table 2: Participants' knowledge about the role of FPs (n=830)

Knowledge	Frequency	Percentage
Are you aware of the role of FP?		
Yes	467	56.3
No	363	43.7
Is FP an important part of health system?		
Yes	559	67.3
No	43	5.2
Unsure	228	27.5
Is FP a doctor who finished medical school?		
Yes	542	65.3
No	78	9.4
Unsure	210	25.3
Is FP a GP?		
Yes	168	20.2
No	419	50.5
Unsure	243	29.3
An FP is concerned with the total healthcare of all individuals regardless of sex, age, affected organ, or system entity.		
Agree	612	73.7
Neutral	149	18.0
Disagree	69	8.3
The main role of FP is to provide patients with health services in community prevention, health care, treatment, rehabilitation, education, and family planning.		
Agree	674	81.2
Neutral	122	14.7
Disagree	34	4.1
An FP can prescribe medications.		
Agree	611	73.6
Neutral	172	20.7
Disagree	47	5.7
An FP can treat common chronic diseases such as DM, HTN, and bronchial asthma.		
Agree	497	59.9
Neutral	189	22.8
Disagree	144	17.3
An FP can treat emergent conditions such as heart attack and stroke.		
Agree	175	21.1
Neutral	264	31.8
Disagree	391	47.1
An FP can perform major surgeries such as cholecystectomy and appendectomy.		
Agree	35	4.2
Neutral	173	20.8
Disagree	622	74.9

FP: family physician; DM: diabetes mellitus; HTN: hypertension

and Nairobi.^[30] The findings are also consistent with the notion that patients usually tend to initially seek care from a specialist from other specialties.^[30]

Most respondents perceived the role of FPs as important. This is evident in that almost 67.3% of the respondents appreciated the role of FPs as the primary care providers. However, there are gaps related to trusting FPs' medical expertise. Mohamoud *et al.* found that patients in the PHCCs had low confidence in the

Table 3: Participants' perceptions and experiences of having an FP involved in their healthcare (n=830)

Perceptions of FP involvement in healthcare	%Agree or strongly agree*	%Disagree or strongly disagree
It is valuable to have an FP in my healthcare.	637 (76.7)	49 (5.9)
FP is the first doctor I would like to see in most of my health conditions.	489 (58.9)	120 (14.5)
I usually prefer to have a specialist or consultant from other specialties involved in my healthcare.	496 (59.8)	89 (10.7)
I think that the FP doesn't have enough medical expertise to be involved in my healthcare.	126 (15.2)	461 (55.5)
Experiences and satisfaction with FPs	%Agree or strongly agree	%Disagree or strongly disagree
The FP is professional.	431 (51.9)	36 (4.3)
The FP is attentive to my concerns.	419 (50.5)	51 (6.1)
The FP takes a complete history of my complaint.	499 (60.1)	51 (6.1)
I can discuss all health issues with the FP.	517 (62.3)	61 (7.3)
The FP performs a complete physical examination.	351 (42.3)	127 (15.3)
I feel comfortable with an FP taking my medical history.	439 (52.9)	50 (6.0)
Having an FP involved in my care was a positive experience.	235 (28.3)	87 (10.5)
I am generally satisfied from seeing an FP.	317 (38.2)	69 (8.3)
Having an FP involved in my care was a positive experience.	235 (28.3)	87 (10.5)
My visit lasts longer when I visit an FP.	204 (24.6)	131 (15.8)
It takes a longer waiting time to see an FP.	195 (23.5)	125 (15.1)

FP: family physician. *One category (i.e., "neutral") was not included in this table

Table 4: Sex and age of participants who had and did not have a regular FP (n=830)

Variables	Had a regular FP	Did not have a regular FP	P
Sex			
Male	29 (7.8)	344 (92.2)	0.09
Female	52 (11.4)	405 (88.6)	
Age group (in years)			
18-29	31 (9.1)	311 (90.9)	>0.000
30-39	32 (9.5)	306 (90.5)	
40-49	3 (3.1)	94 (96.9)	
50-59	13 (26.5)	36 (73.5)	
60 or older	2 (50.0)	2 (50.0)	

FP: family physician

FPs' ability to manage tuberculosis, human immunodeficiency virus, diabetes, depression, and anxiety. They suggested that these gaps could be addressed by clearly defining the expected care from FPs and modifying patients' expectations and health-seeking behaviors through appropriate communication strategies.^[30]

Only 28.3% agreed on the statement "Having an FP involved in my care was a positive experience," indicating low levels of satisfaction with FPs among the public in this region. This finding is contrary to what has been reported by other studies,^[18] which found higher levels of satisfaction with the involvement of FPs in healthcare. Therefore, there is a need to bridge the communication gaps in the physician-patient relationship as a trusting relationship plays a vital role in determining patients' satisfaction with the healthcare system.^[20-25,31]

We found no significant sex difference in having a regular FP ($P = 0.09$), but a significant difference was found among different age groups, with older respondents being significantly more likely to have a regular FP ($P < 0.000$). This confirms

the findings of previous studies that found care provided by FPs to be more valued by older patients and those who were chronically ill.^[17-19]

In recent years, the unclear identity and future of family medicine as a discipline is concerning to practitioners, researchers, academicians, and policy makers.^[32,33] This study is the first to explore the public's perception and satisfaction on the role of FPs in Saudi Arabia. It may serve as a paradigm for local research attempting to understand the importance of public perception on family medicine as a medical specialty and its relation to the utilization of primary healthcare provided by family practitioners.

Some limitations of this study are noteworthy. We used a convenience sample based on an electronic survey; therefore, sampling bias is inevitable. Although the questionnaire was adopted from a previous study, it has not yet been validated for use among Arabic-speaking population.

Conclusion

In general, participants in this study had good perception of the role of FPs as important components in the healthcare system. However, there may be some gaps in the physician-patient communication which may contribute to the dissatisfaction reported by most of the present sample. We suggest that these gaps could be addressed by clearly defining the role of FPs and the expected care obtained from family medicine, as well as by designing a healthcare system that encourage primary care utilization and ensuring that care is provided by competent FPs.

Financial support and sponsorship

Nil.

Conflict of interest

There is no conflict of interest.

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