Original paper

Assessment of Family Medicine Residents' Perception about their Specialty and Residency Program in Iraq

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Abstract

Background: Family Medicine (FM) specialists are the frontline of medical services. Where they require a wide range of knowledge, practice and experience. A periodic evaluation of family medicine residency training and the exploration of residents' perception toward their specialty and training are important.
Objective: To assess factors affecting clinical training of family medicine residents in training centers and evaluates their satisfaction about their training program.
Subjects and methods: A cross sectional study. Several training centers in Iraq were covered for the period of February 1 to July 31, 2018. A special self-administered questionnaire based on 5 points Likert scale prepared for this purpose and been tested by a pilot study. The response rate for the questionnaire was 75.6%.
Results: The accomplished sample was 187; female represents 93% of them. Nearly 55% indicate that they if time is back they will choose FM again and similar percentage indicate that they will recommend FM to others. Nearly 75% of participants have positive feeling towards their future as family physicians. While 63.6% were dissatisfied with their residency training program. Lack of commitment of teaching hospitals to training curriculum, and poor understanding and acceptance to them and FM specialty from physicians of other clinical branches was the main weak areas highlighted by them.
Conclusion: Family medicine residents still in favorite of their specialty, but they have many critiques concerning their residency training curricula and the application clinical training in the hospitals. These points are vital and need to be considered by their supervisors and higher committees concerned.
Keywords: Family Medicine, Family Physician, Family Medicine Resident, Family Medicine residency program.

Introduction

The challenges facing family medicine are many and widening in developing countries including Iraq, where the limited funds for health care are often engorged by hospital and specialty centers. Further, medical curricula are often hospital-based, and there is little emphasis on community-oriented activities, prevention, doctor - patient communication, and teamwork[1, 2].

Primary Health Care (PHC) is the most efficient and cost effective way to achieve universal health coverage (UHC) around the world. Family medicine should be supported to achieve a modern health system compatible with achieving the UHC goals by year 2030. World health organization (WHO) had declared the contribution of family medicine to medical practice and education. And the 62nd World Health Assembly In 2009 urged its member states to train and retain adequate

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numbers of health workers, including family physicians, and to foster the application of vertical programs in the context of integrated PHC system [3,4].

Family physician now is considered the base of the most successful health care systems. Where family medicine specialty is a demanding one; it requires a full range of experience, practice and knowledge. An optimally trained workforce to deliver primary care to patients, families, and communities is the ambition of family medicine education [1, 5-7]. Teamwork and collaboration between family physician and other medical specialists is a crucial point in health care delivery that could greatly influence the effectiveness and organization of health service delivery as well as patient wellbeing and satisfaction. This need a well-functioning network of inter-professional cooperation and services [8-10].

Residency is an exciting and crucial span and a major step on physician road to independent practice. The exposure of family medicine residents (FMRs) to common and essential health problems seen in the ambulatory care setting is a fundamental issue [11, 12].

However, training of residents varies across different training centers. This could be related to the variation in number, sociodemographic characteristics and common health problems of patients attending to health facilities. Moreover, it differs according to training curricula and trainer expertise and attitudes. In order to cater the demands of the community, it is necessary to continuously evaluate residents' training [11, 13].

Understanding the factors that influence family residents' training is essential in order to identify and manage any possible family physicians' shortage in the future. And to decrease job stress which is closely related to job satisfaction [14, 15].

Family medicine residency programs should aims to provide training that will promote trainee capabilities, skills and attitudes as well as motivating them for life-long learning, including the understanding that the training period is only an initial invasion into developing the required competencies. So residency program is essential before independent primary care practice. And it should be comprehensive, updated and efficient to produce a competent and resilient family physicians [16, 17].

As primary care level is responsible for providing medical care to a greater proportion of the population than any other care level, and family physicians is main workforce in it, so the job satisfaction of the family physician is a vital factor for health systems. Physicians satisfaction is not only has a bearing on physicians themselves but also on the patients as well High physician' satisfaction is associated with improved doctor-patient relationship, better quality prescribing, higher level of medication adherence and lower level of dissatisfaction among patients [18-20].

Family Medicine is still considered as a new speciality in Iraq. Where Iraq had a major gap in family phycians numbers, as according to annual statistical report of Minstry of Health and Enviroment for year 2017 there were less than 500 family medicine specialist in Iraq who represent 1.3/ 10000 population, and consisting less than 5% of all specialist physcian in Iraq[21]. Further, majority of specialist physicins in Iraq are working in hospitals. And still most physicians prefer to work there.

Although, the number of family physicians are increasing relatively, and there is some willingness to this speciality among junior physicician especially the female physician. But the urge need for family physicians is far beyond these figures as more than 15 times current figures of family physicians are required to develop and introduce a decent quality of PHC services. On the other hnd many family resident and graduate were distastified with the speciality, and this was obvious from their writing and discussion on social media. However, most of them were not

distastified with speciality by itself as many express but they were frustrated from the specility situation in Iraq as they highlited a less respct; lower income, less oportunity for subsepeciality, lower level of services at PHC centers and lower ranking for workers at PHC centers.
Another points highlighted was related to their training program and training at hospitals where there was a problem in understanding and respect from physicians in other speciality towords family physicians. These expressions and discussions was the motivation to conduct this study which aims to explore the family medicine residents' perception toward their specialty and to assess satisfaction with the FM residency training program.

Subjects and Method

A cross-sectional study was conducted from February 1 to July 31, 2018. A convenient sample of family medicine resident was selected from different governorates and training centers in Iraq. Any currently resident in family medicine (row-plain permanent, residents of Iraqi & Arab Board and residents of Diplomas in family medicine). Working in any governorates of Iraq considered eligible for study. They were invited to participate in the study either by direct contact or via internet, after receiving their consent for participation in the study. The FMRs were requested to complete and return the self-administered questionnaire within a month. Reminder messages were sent weekly to the FMRs who had agreed to participate in the study.

Total of 275 questionnaire forms were distributed to family residents; only 208 papers were returned giving a response rate of 75.6%. Some non-response could be related to technical problem facing some participants whom received the questionnaire by messenger or telegram. From these 208 papers; 21 papers excluded from study because they were seniors, so the final accomplished sample size was 187.

Ethical approval on research conduction was obtained from Research Ethics Committee in College of Medicine-University of Kerbala. Personal identifiers were not used at any point during data analysis or preparation of the manuscript. A special self-administered was designed for the purpose of study, after thorough review of the literature. The questionnaire was composed of three parts: part one includes demographic characteristics of the participants, part two of includes a close-ended questions to assess the perceptions of the participants about their specialty, training program; while the third part includes some open ended questions for further assessing their opinions and suggestions.

The questionnaire had been tested by a pilot study included 10 FMRs who had not included in the final study. The questionnaire shown to be understandable, acceptable, relevant and not time consuming. Minor changes and revision done based on pilot study result. Answers based on the five-point Likert scale for areas of satisfaction were coded as: Strongly agree: 4 agree: 3, neutral: 2 disagree: 1 and strongly disagree: 0; then the mean of every area was estimated. Data were entered and analyzed using Statistical package for social science (SPSS) program version 21. Qualitative variables were expressed in frequency or numbers (N) and percentage (%), while quantitative variables were expressed in mean and standard deviation (SD).

Results

Total sample achieved was 187 resident, females were 173 (93%); about 147 (78.6%) of participant were married. The mean age and standard deviation was 32.43 ± 4.62 years. The mean and standard deviation of number of years of services

was 8.67 ± 4.42 years. Among 187 respondent 14 (7.5%) were plain permanents, 39 (20.8%) were Diploma residents and 134 (71.8%) were Board residents. The majority of residents 73 (39.0%) belonging to Baghdad teaching centres, while 53 (28.3%) of residents belong to Karbala teaching centres, 22 (11.8%) residents belong to Babylon teaching centre, 21 (11.2%) residents belong to Al-Najaf teaching centres, 18 (9.6%) residents belong to others.

Figure 1. shows the main reasons for choosing family medicine by participant; most respondents replied that they can make a balance between their personal life and their work (69.5%).

Responses to Likert-scale Questions are shown in table (1), were (54.5%) of participants agreed to choose family medicine as a career over again and similar percentage (54.5%) had refused the idea that family medicine no longer appeal to them. Whereas (21.9%) had disagreed to recommend family medicine to juniors seeking advice.

The highest proportion of participants (64.5%) showed satisfaction to areas within family medical practice was the doctor-patients relationship, followed by intellectual stimulation (46.0%), then (42.8%) prestige of medicine, (33.7%) interaction with colleagues and only (21.4%) financial rewards as shown in figure 2.

While when the participants being asked "What is less satisfying you about family medicine practice?" the highest rate of participants' dissatisfaction was for pressure of current practice (79.9%), about (42.8%) of participants choose lack of personal time as shown in figure 3.

Participants attitude to their branch reflected by their feelings about the future of their branch, about (75%) of participants have positive feeling and expectation. While only (25%) feel negative as shown in figure 4.

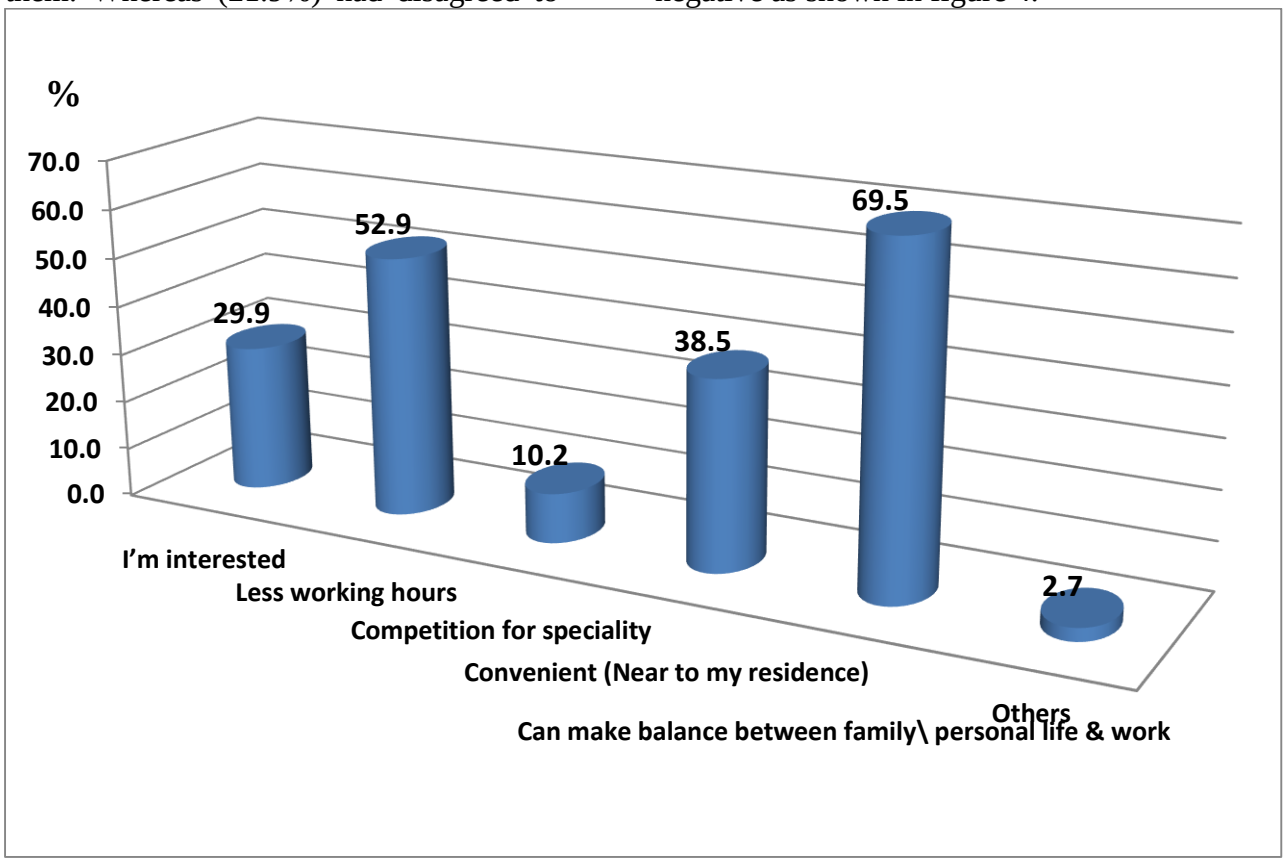

Figure 1. Reasons for choosing family medicine by participants.

Table 1. Participant responses to Likert-scale questions.

Family Medicine career Satisfaction	Degree of satisfaction				
	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly agree %
If I were to start my career over again, I would choose to be an FP	**5.9**	**19.3**	**20.3**	**32.6**	**21.9**
I would recommend family medicine to a student seeking advice.	**5.3**	**16.6**	**34.8**	**34.2**	**9.1**
Family medicine no longer has the appeal to me it used to have *	**20.9**	**33.7**	**24.5**	**13.9**	**7.0**
Training and work place satisfaction					
My training program has met my expectations	21.9	39.0	15.0	19.8	4.3
My work in this practice has not met my expectations *	4.8	23.5	19.3	33.2	19.3
I was satisfied with my FM residency program	21.4	42.2	18.2	15.5	2.7
I was trained to practice full-spectrum family medicine	20.9	43.9	19.3	14.4	1.6
My residency trained me well to care for complex patients	9.6	31.0	26.7	28.9	3.7
The time for residency is enough to get experience	7.5	28.3	21.9	35.3	7.0
I 'm involved in different activities like researches, teaching, meetings, training	1.6	9.6	27.3	40.6	20.9
My residency program emphasized training in performing procedures	15.5	36.9	21.4	23.0	3.2
There was adequate hands-on experience	14.4	39.6	24.6	17.6	3.7
I was not trained to be the principal physician for complex hospitalized patients *	4.3	16.0	25.1	31.6	23.0
My residency program should have been more demanding	1.1	3.7	9.1	36.9	49.2
The nature of relationships and dealing during training					
I had good relationship with faculty members from family medicine & community medicine	0.5	3.7	21.4	46.5	27.8
There was a supervisor in my training program in each step	14.4	33.2	26.2	19.8	6.4
I had good relationships with seniors of other specialties in hospitals	5.3	17.1	31.0	38.0	8.6
Senior physicians of other specialties had an acceptance, understanding and vision about the nature of the family physician 's work	27.8	40.6	23.5	7.5	.5
Senior physicians of other specialties were carefully follow up the students through the training program	23.0	44.4	23.5	9.1	0.0
The relation with FM colleagues is good and supportive	0.5	0.5	13.9	57.2	27.8
I found good cooperation and acceptance from my colleagues from the other branches	18.2	26.7	32.6	19.8	2.7
Teaching hospitals is committed to the curriculum	33.7	35.8	18.7	10.2	1.6

(*) Inverted question

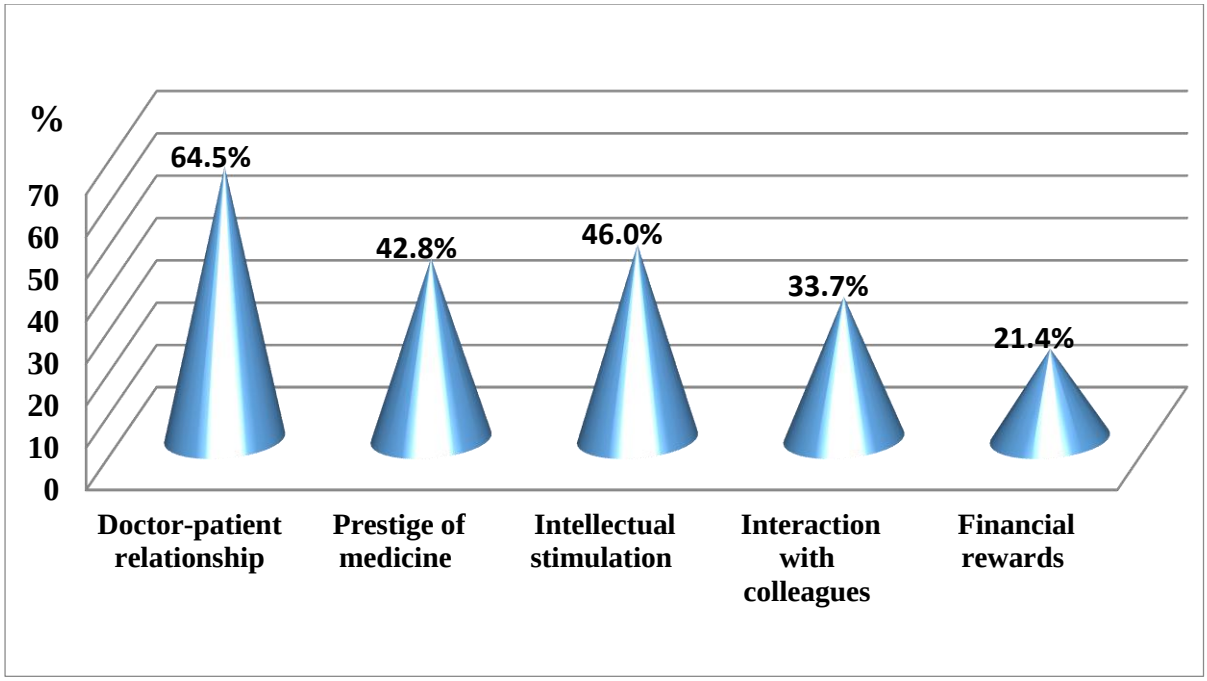

Figure 2. Responses of the participant factors that increase their satisfaction with family medical practice.

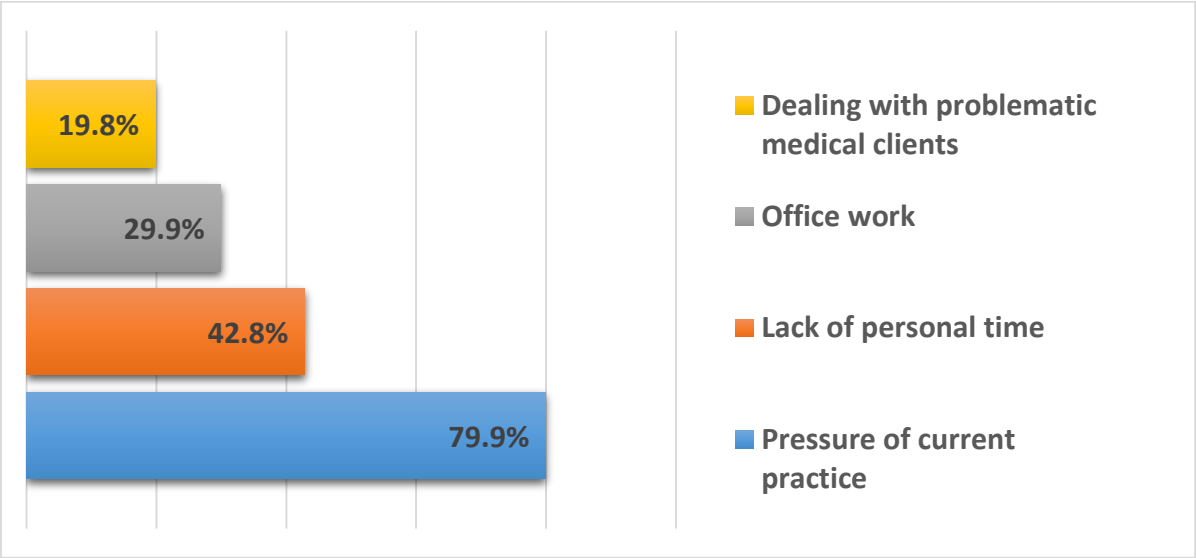

Figure 3. Factors that decrease participants' satisfaction with family medical practice.

From FMR participants who respond to the two open ended questions regarding what they like most and least regarding their specialty. Response to the question "What they like most about family medicine?" 91 of participants (48.7%) refer to no night shift while 49 (26.2%) refer to it is comprehensive specialty as shown in figure 5.

While figure 6 shows "What they dislike most about family medicine?" Where, less understanding & acceptance by other specialties was the most frequent followed by lower level of awareness and education in the community about the specialty.

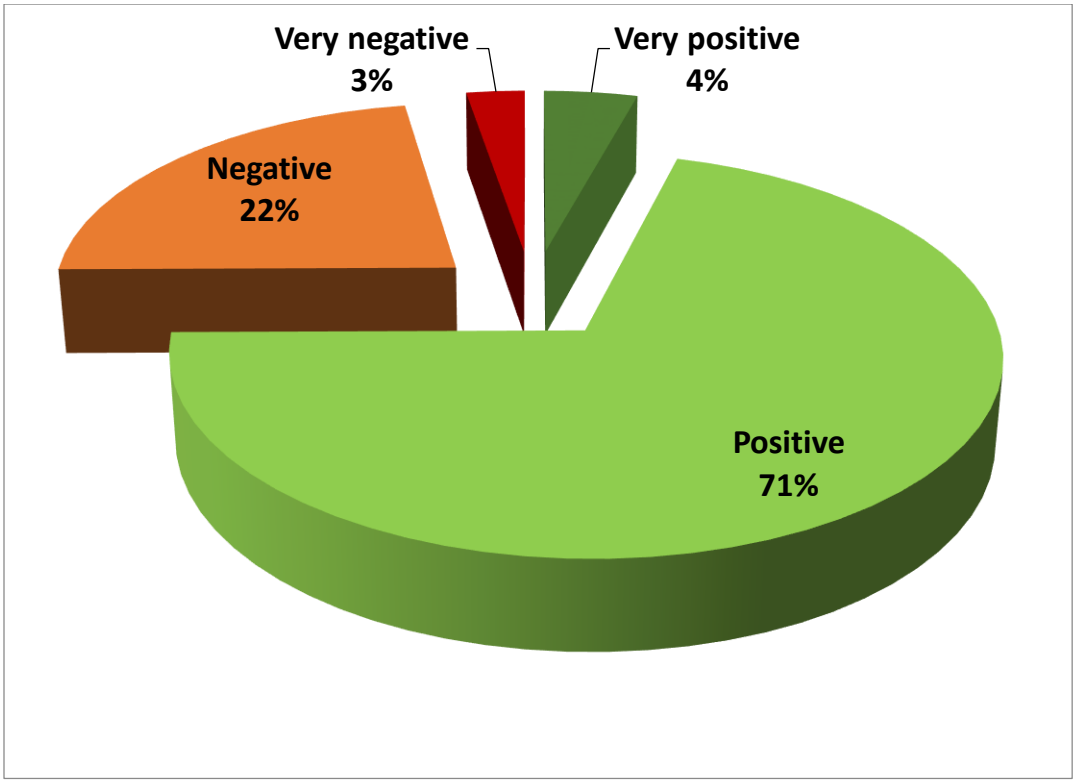

Figure 4. Expectations and feeling towards the future of participants medical profession

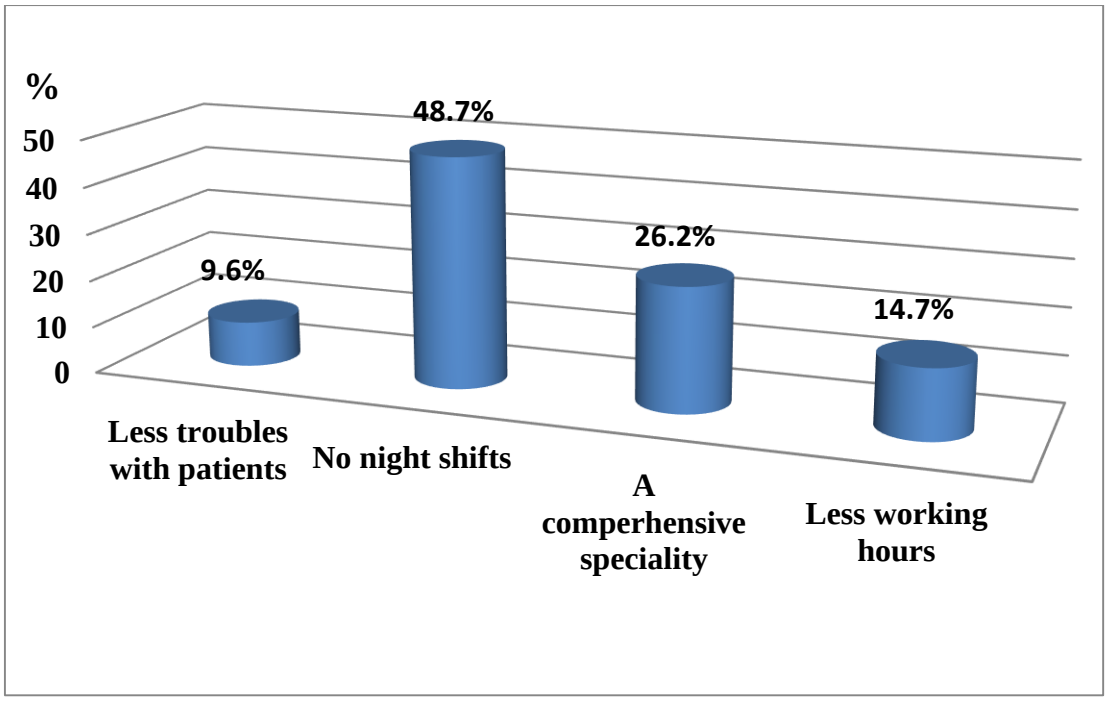

Figure 5. The most liked aspects in family medicine practice in Iraq by FMR participants.

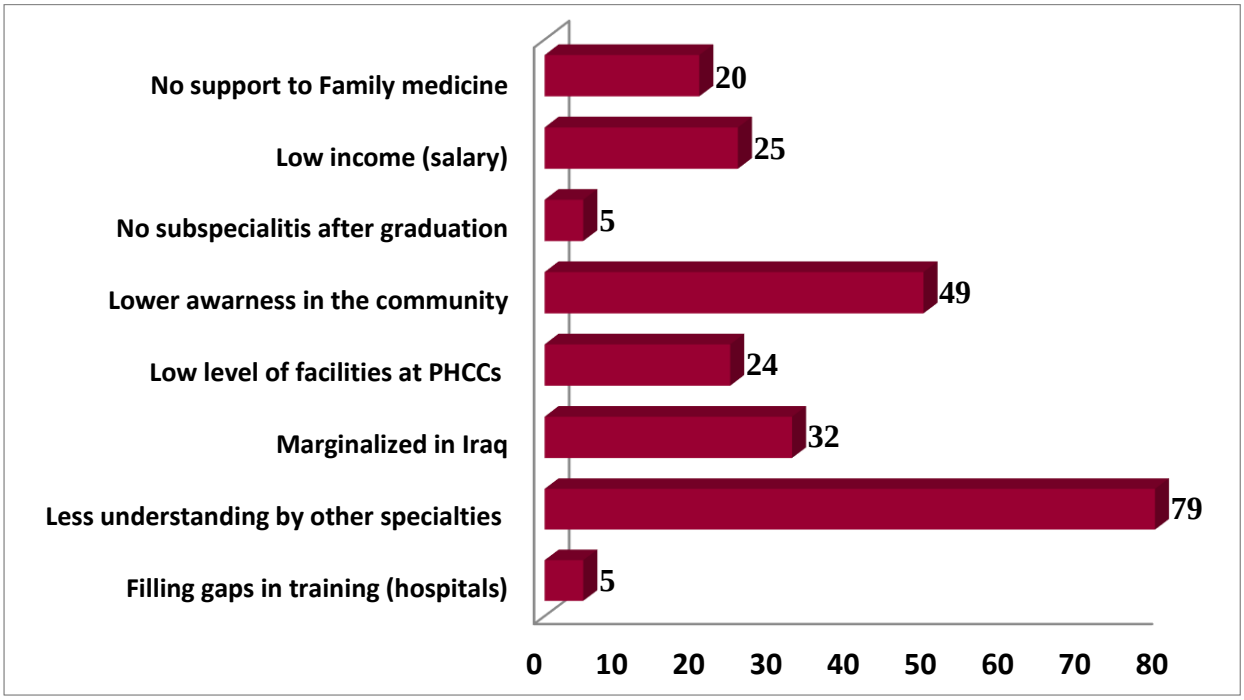

Figure 6. The most dislike aspects in family medicine practice in Iraq by FMR participants.

Discussion

The concept of family medicine is still not well understood in Iraq. Not only by people but, even from health care workers and physicians from other specialties, including some of those who involved in training of family medicine residents. This issue probably affects the training and attitudes with family medicine workers including residents.

Based on the survey results, the level of respondents who choose family medicine by interest was low (29.9%). This might indicate that the respondents did not have prior knowledge and willing about family medicine. It may be related to lack of information about FM. Anyhow; no figures on interest regarding other specialties in Iraq are available to compare with. As those might also had chosen their specialty for reasons other than their will. The availability or more income or any could be the reason to choose.

Most of FMR (69.5%) choose FM to balance their personal life and work because family medicine work in Iraq has no night shifts and the workplace could be close to their residency. However, when they had been asked about their willingness to choose family medicine as a career over again, 55% indicate that they will select it again. A similar percentage responds with disagreement that family medicine is no longer appeal to them. This could lead to the conclusion that their orientation and willing increase after practicing in the specialty.

A similar attitude, that they will recommend FM to junior physicians seeking advice regarding joining family medicine training. Those juniors who are guided by FMR are expected to have better recognition of career practice and they will be more prepared and comfortable with FM practice [22].

Residents demonstrate dissatisfaction with training programs as 61% indicate that the training programs did not met their

expectations. This goes with finding of a study in Botswana in South Africa[23]. While the study in Tarrant county in Texas shows early family medicine career satisfaction[24]. And this could be due to lack of commitment of teaching hospitals to training curriculum or weakness in the trainers' role. Whereas some hospital administration use FMRs for filling defects or shortages of other specialty schedules in ER or ward in hospital. Putting more efforts on FMRs than their training protocols.

Other factors for FMRs dissatisfaction was lack of orientation and knowledge of seniors and residents of other branches about concept of FM, lack of understanding of the role of family physician and the nature of training program. In addition there could be some non-clarity in the administrative documents about the nature of the work of the FMR or training curriculum.

Residents highlighted some shortage in training to practice a full-spectrum family medicine, inadequate hand-on experience and that the program not emphasized training in performing clinical procedures this could be related to inadequate staff and trainers or limiting residents training to only outpatient. However, other explanation could the lack of trainers' and/or FM residents' themselves to the interest in teaching and learning.

These opinions need to be considered seriously by the supervisors, trainers and the persons who are responsible on putting or evaluating these training curricula whether in Arab Board, Iraqi Board or diplomas. Some points could be related to the curricula by itself, or to the application of these training curricula. FM residency program should work toward providing broad comprehensive training to their residents. And it could be a fault as limit training of family residents to outpatient context [24].

Further, FMRs expressed that the lack of supervision was one of the triggers for dissatisfaction with the program. In addition, majority of training is conducted at hospitals. Under supervision by trainers from different specialty other than family physicians. Where senior family physicians almost have no role at hospitals. So, increasing the number of supervisor and activating their role during the training is probably essential [25].

Other factors of dissatisfaction were lack of awareness and education within the community about concept of FM. The branch is still marginalized in Iraq, low income, low level of facilities in PHC centers, limited or no subspecialty and no support to family physician. As there was a low project to support family physicians including increasing their incentives. But this low was obliterated from its contents, removing almost any kind of financial support.

Factors that increases FMRs satisfaction with their carrier was the doctor-patient relationship. And this has a very positive impact on healthcare quality that could lead to patient satisfaction. Prestige of medicine which promotes self-confidence, interaction with colleagues that strengthens the solidarity of family physician and support the specialty. This was touched through high level of FMRs' satisfaction with their relationship with faculty members from family & community medicine departments and FMRs colleagues. In order to encourage more students to consider family medicine as a career it is important to satisfy them with practice. Induction and maintenance have major implications for the future family physician workforce[26].

Policy makers and leaders of the health system as well as leaders and representatives of family physicians at all levels within the Ministry of Health or Ministry of Higher Education and Scientific Researches in Iraq need to consider the opinion and perceptions of junior family physicians earnestly in their planning to develop PHC and expand FM practices in Iraq as well as development of FM training curricula.

Conclusions

Majority of family medicine residents still in favorite of their specialty, but they have many drawbacks related to their residency training curricula and the application clinical training in the hospitals. Including; lack of commitment of teaching hospitals to the curriculum; low orientation and acceptance of other specialty seniors and residents to the concept of family medicine; shortage in direct supervision at training centers; inadequate hand on experience; and the absence of family medicine specialist supervision in hospitals.

These points could be the possible causes of dissatisfaction. As well as lower understanding of the community to the relatively new FM specialty, lack of incentives and motivations for workers at PHC centers and no limited opportunities for subspecialties for family physicians.

These points are realistic and pivotal and need to be taken seriously by training supervisors and higher committees concerned with family medicine in regards to training and by policy makers in regards to support and motivation if they are really willing to develop health system and providing a high quality of health care based on universal health coverage.

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