The Determination of the Satisfaction Levels of the Society about Family Medicine System

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Abstract

The purpose of this study is to determine the satisfaction levels of the society about family medicine system in Konya (Turkey). Family medicine, also known as family practice, is a medical specialty devoted to comprehensive health care for people of all ages and dedicated to treating the whole person. The study was conducted in 2013. Data were collected by a questionnaire form developed by the researchers. The questionnaire form consists of 21 items and five main titles. The questionnaire was implemented to 287 volunteer participants. Statistical analyses were evaluated by using SPSS program and descriptive statistics used on the collected data. Cronbach Alpha coefficient of the inventory was calculated as 60,8. Research findings presented that, satisfaction level of participants about the family medicine system in general was 91.6%.

Key Words: Family Medicine System, Family Physician, Satisfaction

Introduction

Good health is very important to people regardless of which country the question is asked. So delivery of good health care is seen by all governments as an important task (Metsemakers, 2012:23). A variety of models are implemented world-wide in the delivery of health service today. However, no matter which model is implemented, the primary goals of health care services are to increase the quality of health service delivery; to provide everybody with equitable, fair, effective and high-quality health care services everywhere; to improve patient satisfaction; and to raise the efficiency and effectiveness of health care services (Ministry of Health of Turkey, 2011:2).

Family medicine emerged as a result of necessity, like all other areas of specialization. The necessity for family medicine was first asserted by Francis Peabody as "as a result of over-specialization in medicine units, patients are in a fix so there is a need for a specialization area that handles humans as a whole". The first reflection of this opinion was the foundation of Royal College of General Practitioners in England in 1952. Following this, after American Medical Association published Millis and Willard Reports in 1966, "Family Medicine" was recognized as a new area of specialization that studied primary healthcare in the United States of America in 1969 and the Board of Family Practice was established (Caglayaner, 1995:1, cited in, Dikici et al, 2007: 412).

Actually, the concept of "Family Medicine" started to be discussed in Turkey in mid 1970s simultaneously with the world and in that time it was considered as one of the functions of the health center physicians and the idea of family medicine as a separate area of specialization wasn't accepted generally.

In 1983, FM speciality had been existing in the world for ten years and it was compulsory to provide FM residency in Turkey and in the same year, FM was included in the Medicine Specialization Regulation and accepted as an area of specialization (Gorpelioglu 1998; Gorpelioglu et al, 2002, cited in: Algın et al.2004: 251).

Family medicine, also known as family practice, is a medical specialty devoted to comprehensive health care for people of all ages and dedicated to treating the whole person. The cornerstone of family medicine is an ongoing, personal patient-physician relationship focusing on integrated care. Unlike other specialties that are limited to a particular organ, disease, age or sex, family medicine integrates care for patients of both genders across the full spectrum of ages within the context of community and advocates for the patient in an increasingly complex health care system. The specialty of family medicine is centered on lasting, caring relationships with patients and their families. Family physicians integrate the biological, clinical and behavioral sciences to provide continuing and comprehensive health care. The scope of family medicine encompasses all ages, genders, each organ system and every disease entity. Providing patients with a personal medical home, family physicians deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, they provide preventive care, which includes routine checkups, health-risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle (www.druidcityfamilymedicine.com, at: 15.04.2014).

Family medicine can be described as a body of knowledge about the problems encountered by family physicians (Mc Whinney and Freeman, 2009:13). The primary duties of family physicians are as follows(Ministry of Health, 2006:57-58):

- Administering the family health unit, supervises the team he works with and providing their in-service training,
- In regional health planning, working in cooperation with sub-province health administration,
- Informing community health center and sub-province health administration about the situations relating to public and environmental health he met during his medical practices,
- Providing person-based counseling and health primitive and preventive services; in this context, providing mother and child health and family planning, periodic examinations (such as breast cancer and womb cancer screenings), and individual preventive health care services,
- In the first registry, through a home visit, assessing the health situation and going on home visits in the frequency stipulated by the Ministry of Health,
- Providing primary diagnostic, therapeutic and rehabilitative services in family health unit or in at-home visits,
- Referring the patients who cannot be diagnosed or treated in the primary-level to relevant field of specialty, evaluating the examination, investigation, diagnosis, treatment and hospitalization information of the patients referred, coordination of secondary and tertiary therapeutic and rehabilitative services and home care,
- Providing basic laboratorial services or enabling them to be provided,
- Sending the records and notifications relating to family medicine practices to relevant authorities,
- Providing first aid and emergency intervention services or enabling them to be provided,
- In areas with difficulty in supplying medicines set by local health administration, opening a medicine cabinet according with the relevant regulation, or enabling the supplication of those medicines.

A transformation program has been implemented in Turkey since 2003, and one of the basic components of this program is Family Medicine Model. The system was first started to be implemented in 2005 in Düzce, as a pilot scheme and became widespread throughout the country (Ministry of Health, 2004). The main reason for the transformation to family medicine implementation was that, as of 1961 primary health care services provided with health center system didn't meet the needs of society adequately and the health problems that could be solved with primary health care were tried to be solved with secondary or tertiary health care institutions.

2.Method

The present study is a definitive study that aims at defining the satisfaction levels of people living in Konya (Turkey) about the family medicine system. The study was conducted in 2013. In order to conduct the study, required permissions were received from the Konya Provincial Directorate of Health. A data collection form developed by researchers was used to collect data. While preparing the form, a variety of studies in the literature were studied and an inventory of 21 items was obtained. Cronbach Alpha coefficient of the inventory was calculated as 60.8. The items in the inventory included questions about the socio-demographic features of the participants and questions about the satisfaction with the family medicine centers. The answers for the questions were generally as “yes-partially-no” and “good-normal-bad”. The study was conducted on a sample group of 287 people who applied to No.1 and No.2 Family Medicine Centers and voluntarily participated in the study, as this group was considered to be the best group to represent Konya. The

questionnaires were filled in with face-to-face survey technique by researchers. Collected data were uploaded into SPSS program and descritive statistics were done on the data.

3. Findings

Findings obtained from the present study are presented below in tables.

Table 1. Socio-Demographic Features of the Participants

Gender	**f**	**Percentage (%)**	**Marital Status**	**f**	**Percentage (%)**
Female	194	67,6	Married	211	73,5
Male	93	32,4	Single	69	24,0
Educational Status	**f**	**Percentage (%)**	Other	7	2,4
Literate	10	3,5	**Social Insurance**	**f**	**Percentage (%)**
Primary School	75	26,1	SSI (Social Security Institution)	260	90,6
Secondary School	34	11,8	Private Insurance	10	3,5
High School	54	18,8	None	17	5,9
Bachelors degree	114	39,7	**Profession**	**f**	**Percentage (%)**
Age	**f**	**Percentage (%)**	Public Servant	42	14,6
16-20	28	9,8	Laborer	30	10,5
21-29	86	30,0	Craftsman/self-employment	21	7,3
30-39	62	21,6	Retired	23	8,0
40-49	67	23,3	Student	37	12,9
50-59	29	10,1	Laborer	18	6,3
60-66	15	5,2	Housewife and unemployed	116	40,4
Total	**287**	**100**	**Total**	**287**	**100**

As can be observed in Table 1, a total of 287 participants were examined and 194 (67.6%) of these were female and 93 (32.4%) of them were male. Examination of the educational status revealed that, 10 (3.5%) of the participants were just literate, 75 (26.1%) of them were primary school graduates, 34 (11.8%) of them were secondary school graduates, 54 (18.8%) of them were high school graduates and 114 (39.7%) of them were bachelors degree. The examination of age groups showed that, the participants were between the ages of 16 and 66, most of these participants were between the ages of 21 and 29 with 86 people (30%). The examination of marital status of the participants revealed that, 211 (73.5%) of the participants were married, 69 (24%) of them were single and 7 (2.4%) of them were in the others group. The examination of the participants in terms of social insurance showed that, 260 (90.6%) of the participants were insured by SSI, 10 (3.5%) of the participants had private insurance and 17 (5.9%) of them had no insurance. The examination of the participants' profession showed that, most of the participants (40.4%) were housewives or unemployed, and this was respectively followed by public servants (14.6%), students (12.9%),

laborers (10.5%) and retired (8%).

Table 2. Information on the Participants' Primary Application Places, and Reasons for Preferring the Application Place

Where do you apply first when you have a health problem?	**f**	**Percentage (%)**
Family Medicine	143	49,8
Public Hospitals	68	23,7
Private Hospitals	51	17,7
University Hospitals	25	8,7
Why do you prefer these institutions?	**f**	**Percentage (%)**
Because they are close.	119	41,5
Because they are reliable.	85	29,6
Because they have good technical facilities.	51	17,8
Because there is an acquaintance working there.	20	7,0
Because they are cheap.	12	4,2
Total	**287**	**100**

As can be observed in Table 2, 143 (49.8%) of the participants apply to their family physicians first , 68 (23.7%) of them apply to public hospitals, 51 (17.7%) of the participants apply to private hospitals and 25 (8.7%) of them apply to university hospitals first. The reasons for preferring the institutions respectively are; being close to the institution with 119 participants (41.5%), because the institutions are reliable with 85 participants (29.6%), because the institutions have good technical facilities with 20 participants (7%), because there is an acquaintance working there with 12 participants (4.2%) and because the institutions are cheap with 12 participants (4.2%).

Table 3. Participants' Most Frequent Reasons for Applying to Family Medicine Centers

Reasons for Applying to Family Medicine Centers	**f**	**Percentage (%)**
Get examined	194	67,4
Prescription	57	19,9
Vaccination	12	4,2
To get medical report	10	3,5
Injection-Dressing	7	2,4
Family Planning	7	2,4
Total	**287**	**100**

As can be observed in Table 3, get examination of the participants' most frequent reasons for applying to family medicine centers revealed that, 194 (67.4%) of the participants applied for examination, 57 (19.9%) of them for prescription, 12 (4.2%) of them for vaccination, 10 (3.5%) of the participants to get medical report, 7 (2.4%) of the participants for injection-dressing and 7 (2.4%) of the participants applied for family planning.

Table 4. Participants' Changing their Family Physicians, their Reasons for Changing and Recommending their Physicians to Others

Have you ever changed the family physician that you were registered to?	**f**	**Percentage (%)**
Yes	44	15,3
No	243	84,7
Why did you change your family physician?	**f**	**Percentage (%)**
Because the physician didn't have good communication skills.	13	29,0
Indifference	7	16,0
Professional Inability	8	18,0
Workload of the Physician	16	37,0
Do you recommend your physician to others?	**f**	**Percentage (%)**
Yes	201	70,0
No	86	30,0
Total	**287**	**100**

Table 4 shows that, 44 (15.3%) of the participants have changed their physicians before and 243 (84.7%) of the participants have never changed their physicians. Examination of the reasons for changing the family physician revealed that, 13 (29%) of the participants changed their physicians because the physician didn't have good communication skills, 7 (16%) of the participants changed because of indifference, 8 (18%) of the participants changed their family physicians because of the professional inability of the physicians and 16 (37%) of the participants changed because of the workload of the physician. 201 (70%) of the participants answered as “yes” while 86 (30%) of the participants answered as “no” the question “Do you recommend your physician to other?” which is an important indicator of satisfaction.

Table 5. General Satisfaction Level With the Family Physician or the Family Health Staff

Your Satisfaction Level with the Family Physician	**f**	**Percentage (%)**
I'm satisfied	216	75,4
I'm partially satisfied.	51	17,8
I'm not satisfied.	20	7.0
Your Satisfaction Level with the Family Health Staff	**f**	**Percentage (%)**
I'm satisfied	185	64,5
I'm partially satisfied.	92	32,1
I'm not satisfied.	10	3,5
Total	287	100

As can be observed from Table 5, the participants were asked “What is your satisfaction level with the family physician and family health staff?” and 216 (75.4%) of the participants said that they were satisfied with their family physicians and 51 (17.8%) of the participants said they were partially satisfied, while 20 (7%) of them said they weren't satisfied. Similarly, 185 (64.5%) of

the participants were satisfied with their family health staff, 92 (32.1%) of them were partially satisfied and 10 (3.5%) of the participants weren't satisfied with their family health staff.

Table 6. Opinions on the Quality of the Services Provided Within the Scope of Family Medicine System

The quality of the services provided by the family physician	**f**	**Percentage (%)**
Bad	22	7,7
Normal	86	30,0
Good	179	62,4
The quality of the health services provided by family medicine staff	**f**	**Percentage (%)**
Bad	7	2,4
Normal	100	34,8
Good	180	62.8
Physical Conditions of the Family Medicine Center	**f**	**Percentage (%)**
Bad	17	5,9
Normal	102	35,5
Good	168	58,5
Sufficiency of Medical Device and Equipments	**f**	**Percentage (%)**
Insufficient	42	14,6
Partially Sufficient	148	51,6
Sufficient	97	33,8
Sufficiency of Laboratory Services	**f**	**Percentage (%)**
Insufficient	71	24,7
Partially Sufficient	108	37,6
Sufficient	108	37,6
Bureaucratic procedures	**f**	**Percentage (%)**
Bad	13	4,5
Normal	99	34,5
Good	175	61,0
Total	**287**	**100**

As can be seen in Table 6, 6 questions were asked to participants in order to determine the participants' opinions about the quality of services provided within the scope of family medicine system. Examination of the answers revealed that, 179 (62.8%) of the participants told that the services provided by the family physicians were good, 86 (30%) of them said services were normal and 22 (7.7%) defined the services as bad. Similarly, 180 (62.8%) of the participants defined the health services provided by family medicine staff as good, 100 (34.8%) of them defined the as normal and, 7 (2.4%) of the participants defined the services as bad. The answers of the participants to the question about the physical conditions of the family medicine centers were as follows; 168 (58.5%) of the participants said good, 102 (35.5%) of them said normal and 17 (5.9%) of the participants defined the physical conditions as bad. The answers of the participants to the question about the sufficiency of medical devices and equipments were as follows; 148 (51.6%) of the

participants defined it as partially sufficient, 97 (33.8%) of them defined it as sufficient and, 42 (14.6%) of them defined it as insufficient. The answers of the participants about the laboratory services were as follows; 108 (37.6%) of the participants defined them sufficient and partially sufficient and 71 (24.7%) of the participants defined the laboratory services as insufficient. Consequently, the answers of the participants about the red tape time were as follows; 175 (61%) of the participants defined this time as good, 99 (34.5%) of them defined it as normal and 13 (4.5%) of the participants defined the red tape time as bad.

Table 7. Opinions about the Consequences of Family Medicine System

The quality of health services increased with family medicine system	**f**	**Percentage (%)**
Yes	138	48,1
Partially	101	35,2
No	48	16,7
Access to physicians got easier with family medicine system	**f**	**Percentage (%)**
Yes	184	64,1
Partially	65	22,6
No	38	13,2
Patient satisfaction increased with family medicine system	**f**	**Percentage (%)**
Yes	137	47,7
Partially	108	37,6
No	42	14,6
Patient-physician communication got better with family medicine system	**f**	**Percentage (%)**
Yes	179	62,4
Partially	72	25,1
No	36	12,5
Total	287	100

As can be seen in Table 7, 4 questions were asked to participants in order to define the opinions about the consequences of family medicine system. Examination of the participants' answers revealed that, 138 (48.1%) of the participants declared that quality of health services increased with family medicine system, 184 (64.1%) of the participants stated that access to physicians got easier with the system, 137 (47.7%) of the participants told that patient satisfaction increased and 179 (62.4%) stated that patient-physician communication got better.

Table 8. Comparison of Family Medicine System and Health Center System

What do you think about family medicine system compared to health center system?	**f**	**Percentage (%)**
Family medicine system is better	177	61,7
I don't think there are any changes	55	19,2
Family medicine system is worse	15	5,2
No idea	40	13,9
If you were asked to choose between family medicine system and health center system, which one would you prefer?	**f**	**Percentage (%)**
Family medicine system should continue	204	71,1

Health centers should come back	21	7,3
It doesn't matter	62	21.6
Total	**287**	**100**

As can be seen in Table 8, 2 questions were asked to participants in order to compare the family medicine implementation and health center system. First question was; "What do you think about family medicine system compared to health center system?". The answers of the participants were as follows; 177 (61.7%) of the participants considered family medicine system as better, 55 (19.2%) of the participants thought that there weren't any changes and 15 (5.2%) of the participants found family medicine system worse. The answers of the participants to the question, "If you were asked to choose between family medicine system and health center system, which one would you prefer?" were as follows; 204 (71.1%) of the participants said that family medicine system should continue and 21 (7.3%) said health centers should come back and finally 62 (21.6%) of the participants said it didn't matter.

Table 9. General Satisfaction Level with the Family Medicine System

Satisfaction Level	**f**	**Percentage (%)**
I'm satisfied	194	67,6
I'm partially satisfied	63	24,0
I'm not satisfied	24	8,4
Total	**287**	**100**

Finally, as can be seen in Table 9, the participants were asked about their general satisfaction level with the family medicine system. 194 (67.6%) of the participants said they were satisfied, 63 (24%) of them said they were partially satisfied and 24 (8.4%) said they weren't satisfied.

4. Conclusion

Primary health care services have been re-organized in the context of the Health Transformation Program (HTP) which has been under implementation in Turkey since 2003. Accordingly, the system of primary health service delivery in Turkey is called as the "Family Medicine (FM) System" from now on and the FM system covers the whole country at present. FM system serves as the first point of medical contact with domestic health care network for patients in Turkey. FM system provides health service consumers with an easy access to health service utilization. In this system, all sorts of health problems of all individuals are properly handled by health professionals regardless of age, sex or any other characteristics of patients (Sağlık Bakanlığı, 2001: VIII).

Defining the satisfaction levels of the society with the delivered health services is extremely important in terms of delivering a higher quality health service and making up the deficiencies in the delivery of the service. In this context, many researches were conducted to determine the satisfaction with the health services recently. The present study aims at determining the satisfaction level of people living in Konya with the family medicine system.

The findings of the present research can be summarized as follows:

- In the present research 194 female and 93 male, a sum of 287 people were examined.
- 49.8% of the participants stated that they applied to their family physicians primarily

when they had a health problem. The primary reason for applying to family physicians are examination (67.4%) and prescription (19.9%).

- 15.3% of the participants declared that they changed their family physicians at least once. The reasons for changing the physicians are; bad communication skills of the physicians, indifference, professional inability and workload of the physicians.
- 75.6% of the participants stated that they were satisfied with their family physicians, 17.8% of them were partially satisfied and 7% of them said they weren't satisfied with their physicians. 3.5% of the participants weren't satisfied with their family health staff.
- 62.4% of the participants defined the services provided by the family physicians as good, 30% said the service was normal and only 7.7% of them considered the service as bad. The rate of participants who thought that the service provided by the family medicine staff was bad is just 2.4%. 5.9% of the participants considered that the physical conditions on the family medicine center were bad, 14.6% of them said that the medical devices were insufficient, 24.7% rated the laboratory services as insufficient and finally, 4.5% of the participants told that red tape time was bad. In this case, it can be concluded that the main problems of family medicine centers are; insufficient medical devices and equipments and insufficient laboratory services.
- 48.1% of the participants stated that family medicine system increased the quality of health services, 64.1% said that access to physicians got easier, 47.7% thought that patient satisfaction increased and 62.4% of the participants stated that patient-physician communication got better.
- 61.7% of the participants stated that family medicine system was better than the health center system, whereas only 5.2% of them thought it was worse. The rate for participants who thought that the family medicine system should continue was 71.1%.
- Finally, the participants were asked about their general satisfaction level with the family medicine system. 194 (67.6%) of the participants said they were satisfied, 63 (24%) of them said they were partially satisfied and 24 (8.4%) said they weren't satisfied.

Two more important researches aimed at defining the satisfaction level with the family medicine system were conducted in Turkey. Aydogan (2005), determined in his study carried in Ankara that, 73.42% of the participants were satisfied with the family medicine system. Another research called “Research on Patient Satisfaction with the Primary Healthcare” was carried country-wide by Ministry of Health, and defined that, Turkey-wide general satisfaction level with the primary healthcare services was 89.8% (Saglik Bakanligi, 2001).

The findings of the present research show consistency with the findings of the studies mentioned above, which reveal that the society is generally satisfied with the family medicine system and these services should be developed and maintained.

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