EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 3
Issue: 9
42-47
Year: 2016

CLINICIANS' UNDERSTANDING OF FAMILY MEDICINE IN A NEW TEACHING HOSPITAL, MAKURDI, NIGERIA

Egwuda Livinus*, Igbudu Terhemen Joseph, Omokhua, Osarieme Enahoro and Iyaji Andrew

Department of Family Medicine, Benue State University Teaching Hospital, Makurdi, Nigeria.

***Corresponding Author: Dr. Egwuda Livinus**
Department of Family Medicine, Benue State University Teaching Hospital, Makurdi, Nigeria.

Article Received on 01/07/2016 **Article Revised on 21/07/2016** **Article Accepted on 12/08/2016**

ABSTRACT

Background: Family Medicine is the discipline, variously known as general practice, family practice or primary care. Over the years, health care providers in our environment have not accorded Family Physicians their proper place in healthcare delivery. The reason for this has not been established. **Aim:** This study is designed to assess the level of clinicians understanding of Family Medicine in Benue State University Teaching Hospital, Makurdi, Nigeria. **Methods and Materials:** This was a cross-sectional descriptive study that was carried out in Makurdi; it involved 68 clinicians. **Results:** A total of 68 medical doctors (clinicians) were recruited for the study. These were aged 25-56years with the mean age of 34.3 years and a standard deviation of 7.18. The males were 60(88.2%), while the females were 8(11.8%). On clinicians' understanding of Family Medicine, majority of the participants 27(39.6%) indicated that Family Medicine is a clinical specialty that is synonymous with General Medical Practice, while 3(4.4%) adduced that it explores little knowledge in all the medical specialties. Six (8.8%) stated that it is mainly responsible for the triaging of patients, while 11(16.2%) indicated that it engages in first contact care. Five (7.4%) admitted that it offers family care. Four (5.9%) of the participants noted it offers advanced General Medical Practice. Five (7.4%) of the doctors indicated that Family Medicine is a clinical specialty that offers holistic care, while 7(10.5%) admitted that it is a clinical specialty that offers continuous, coordinated and comprehensive medical care to patients irrespective of the age, sex or organs affected in the context of the family and having the cultural, social and economic status of the patients in view. **Conclusion:** Clinicians' understanding of Family Medicine in our environment is far below average. This has brought to the fore the urgent need for experts in Family Medicine to commence an aggressive awareness on Family medicine discipline among health care providers.

KEYWORDS: Clinicians, Understanding, Family Medicine, Teaching Hospital.

INTRODUCTION

Family Medicine is the discipline, variously known as general practice, family practice or primary care.[1, 2] In Nigeria, the faculty has made some considerable progress in the development of the specialty. However, little or nothing is known about clinician's knowledge of Family Medicine.

Family Medicine is a relatively new faculty in the West Africa sub-region. New discipline arise in a number of ways; some such as surgery and obstetrics having developed from ancient craft skills; some have grown up around new techniques, such as otorhinolaryngology in the nineteenth century and anesthesiology in the twentieth; others have been formed because of some area of need, such as child health was being neglected by existing disciplines.[3] All these influences have played their parts in the development of family medicine globally. To be specific, the growth of Family Medicine in the United States of America is unique. After World War II, there was a rapid movement toward specialization among physicians and by 1970, about 75% of physicians considered themselves specialist.[4] By 1960's this trend toward specialization was noted and the public perceived a need for generalist physicians who could coordinate care and serves as the entry point into the healthcare system.[4] In Europe, Family Medicine is now well established in all healthcare system and it is recognized by health service providers as being of ever increasing importance.[5] This has been emphasized by WHO Europe in its 1998 framework document and by the way; in most countries in the former Soviet bloc family medicine is being introduced as the basis for their new health care systems.[5]

Family medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity and a clinical specialty orientated to primary care.[6] It is a discipline which integrates several medical specialties into a new whole and is concerned

with the holistic approach to patient care in which the individual is seen in his totality, and in the context of his family and community.[1] In 1998, The World Organization of National Colleges, Academies and Academic Associations of Family Physicians (WONCA) described a Family Physician as the doctor of first contact who provides continuous, comprehensive and coordinated care to individuals, families and population undifferentiated by age, gender, or organ system.[7] According to Olesen et al., a Family Physician was defined as a specialist trained to work in the front line of a health care system and to take the initial steps to provide care for any health problem(s) that patients may have.[8] Olesen et al., stated further that Family Physician takes care of individuals in a society, irrespective of the patient's type of disease or other personal and social characteristics, and organizes the resources available in the health care system to the best advantage of the patients.[8] The discipline engages with autonomous individuals across the fields of prevention, diagnosis, cure, care, and palliation, using and integrating the sciences of biomedicine, medical psychology, and medical sociology.[8] The Family Physician may be seen as a bridge between community health on the one hand, and the major clinical specialties (Internal Medicine, Surgery, Obstetrics and Gynaecology, and Paediatrics) on the other hand. On the community health side, he may function in a comprehensive health centre, and may be in a leadership role to nurses, midwives, and other community health personnel.[1,9] In relation to the clinical specialties, the family physician may function in a practice clinic, general hospital or tertiary health facility. He will be the doctor at first instance, treating a wide range of common conditions that are accepted as being within his competence and referring to other specialties cases needing further investigation and tertiary care.[1,10] In 2002, WONCA outlined some basic areas in which Family Physicians must attain competence. These include primary care management, person centre care, community orientation, comprehensive care, specific problem solving skills and holistic care.[11] The primary care approach in Family Medicine is based on strong roots of science, professional approach and the healthcare context; clinical tasks, patient doctor communications and practice management are also fundamental.[7] These principles of the practice are in many ways similar to the characteristics of family medicine described in the WHO framework statement.[12]

Research material on clinicians understanding of Family Medicine is lacking, however, experience over the years has shown that Family Physicians are not accorded their proper place in Nigerian healthcare delivery. The reason(s) for this is not known, however, it may be due to the fact that the faculty is relatively new in Nigeria. Another reason could be that the clinicians/health managers do not have adequate knowledge about the specialty; as it is not uncommon to hear some doctors raising questions like "what actually do Family Physicians do? Are Family Physicians involved in clinical care of patients? What makes Family Medicine different from other specialties? This study therefore set out to address this concern by assessing clinicians understanding of Family Medicine in a new tertiary hospital, Makurdi, Nigeria.

MATERIALS AND METHODS

The study area is Makurdi. Makurdi, the state capital of Benue State is located in middle-belt region of Nigeria. It lies between latitude 7.73^0 and $8.32^{0.}$ It has a population of about 300,377 people (NPC 2006).[13] The study was conducted in Benue State University Teaching Hospital, which is a 300-bed hospital located in Makurdi. It was commissioned in March 2012 and commenced clinical activities in May 2012. The hospital has 15 clinical departments with over seven hundred healthcare workers. It currently serves a population of over four million people in the middle-belt region of Nigeria.

The present study was a cross-sectional study designed to assess the level of clinicians understanding of Family Medicine in Benue State University Teaching Hospital, Makurdi, Nigeria. The study was carried out between January and March 2015. The doctors were recruited on work days using a well-structured self-administered questionnaire after a signed consent had been obtained from them. The instrument (questionnaire) was validated through a pretest conducted on 10 subjects.

A total of 80 questionnaires were administered through simple random sampling technique. Out of this number, 68 were completely filled and returned, 6 were incompletely filled, 4 were non response and 2 were not returned. The incompletely filled and non-response questionnaires were excluded from the study. The questionnaire evaluated their socio-demographic characteristics (such as age, sex, marital status, residence and religion, ethnic group and number of years of clinical experience, rank, and the department of the respondents). Other variables like the awareness of Family medicine as a clinical specialty, respondents understanding of Family Medicine and whether the participants were willing to learn more about Family Medicine were explored. The inclusion criteria for the participants include being a doctor and working at the Benue State University Teaching hospital as well as consenting to participate in the study. Approval for the study was obtained from the Research and Ethical Committee of Benue State University Teaching Hospital, Makurdi. Collated data were analyzed using Statistical Package for Social Sciences for Windows version 18.0 (SPSS, Inc., Chicago, Illinois).

RESULTS

A total of 68 medical doctors were recruited for the study. These were aged 25-56years with the mean age of 34.3 years and a standard deviation of 7.18. The majority of the participants were 35 years and below. Only one participant was aged 56 years. **Table 1:** Shows the age distribution of the subjects.

The socio-demographic profile of participants showed that the majority of the participants were males 60(88.2%), while the females were 8(11.8%). Almost all the participants 66(97.1%) were Christians, while Muslims were 2(2.9%).

About half of the participants were married 33(48.5%), while a little above half 35(51.5%) were single. Majority of the participants 43(63.2%) had 5years and below clinical experience, while only one participant 1(1.5%) had 1year clinical experience. **Table 2:** Shows the socio-demographic characteristics of participants

Fourteen clinical departments participated in the study. Out of these, participants from the department of Family Medicine were 5(7.4%), Accident and Emergency 2(2.9%), Ophthalmology 5(7.4%), Psychiatry 2(2.9%), Radiology 4(5.9%), Dental surgery 1(1.5%), E.N.T 1(1.5%), Anaesthesia 3(4.4%), Paediatrics 3(4.4%), Laboratory Medicine 3(4.4%), Internal Medicine 6(8.8%), Surgery 8(11.8%), Community Medicine 9(13.2%), while Obstetrics and Gynaecology was 17(25%). **Table 3:** shows the distribution of participants' departments.

Participants' second choice in medical carrier was explored. Majority of the participants 14(20.6%) indicated that they will prefer surgery as their second choice in medical practice, while no participant indicated interest in choosing Anaesthesia Table 4: shows the distribution of Clinicians'second choice in medical career.. Similarly, majority of the participants 67(98.5%) indicated that Family Medicine is a clinical specialty, while only one participant indicated otherwise. More than two-third of the participants 50(73.5%) admitted that they want to know more about Family Medicine, 7(10.2) indicated otherwise, and 11(16.3%) were indifference.

On clinicians' understanding of Family Medicine, majority of the participants 27(39.6%) indicated that Family Medicine is a clinical specialty that is synonymous with General Medical Practice, while 3(4.4%) adduced that it is a clinical specialty that explores little knowledge in all the medical specialties. Six (8.8%) of the participants stated that Family Medicine is a clinical specialty that is mainly responsible for the triaging of patients, while 11(16.2%) indicated that it is a clinical specialty that engages in first contact care. Five (7.4%) admitted that it is a clinical specialty that offers family care. Four (5.9%) of the participants noted that it is a clinical specialty that offers advanced General Medical Practice. Five (7.4%) of the doctors indicated that Family Medicine is a clinical specialty that offers holistic care, while 7(10.5%) admitted that it is a clinical specialty that offers continuous, coordinated and comprehensive medical care to patients irrespective of the age, sex or organs affected in the context of the family and having the cultural, social and economic status of the patients in view. **Table 5:** shows the distribution of clinicians understanding of Family Medicine.

Table 1: Clinicians' age distribution

Age group	Frequency	Percentage
25-30	32	47.1
31-35	14	20.6
36-40	4	5.8
41-45	13	19.1
46-50	3	4.4
51-55	1	1.5
56-60	1	1.5
Total	68	100

Table 2: Socio-demographic characteristics of Clinicians

Variables	Frequency	Percentage
Sex		
Males	60	88.2
Females	8	11.8
Total	68	100
Religion		
Christianity	66	97.1
Islam	2	2.9
Total	68	100
Marital status		
Married	33	48.5
Single	35	51.5
Total	68	100
Years of experience		
0-5	43	63.2
6-10	7	10.3

11-15	12	17.6
16-20	1	1.5
>20	5	7.4
Total	68	100
Rank		
Casualty officers	2	5.9
Registrars	53	75.0
Consultants	13	19.1
Total	68	100

Table 3: Clinicians' Department

Department	Frequency	Percentage
Family medicine	5	7.4
Accident and Emergency	2	2.9
Ophthalmology	5	7.4
Psychiatry	2	2.9
Radiology	4	5.9
Dental surgery	1	1.5
E.N.T	1	1.5
Anaesthesia	3	2.9
Paediatrics	3	4.4
Lab Medicine	3	4.4
Internal Medicine	6	8.8
Surgery	8	11.8
Community Medicine	9	13.2
Obstetrics and Gynaecology	17	25.0
Total	**68**	**100**

Table 4: Clinicians' second choice in medical career

Department	Frequency	Percentage
Family medicine	2	2.9
Accident and Emergency	2	2.9
Ophthalmology	3	4.4
Psychiatry	1	1.5
Radiology	4	5.9
Dental surgery	1	1.5
E.N.T	3	4.4
Anaesthesia	0	0.0
Paediatrics	9	13.2
Lab Medicine	3	4.4
Internal Medicine	9	13.2
Surgery	14	20.6
Community Medicine	11	16.2
Obstetrics and Gynaecology	7	10.3
Total	**68**	**100**

Table 5: Clinicians' understanding of Family Medicine

Variables	Frequency	Percentage
What is your understanding Of Family Medicine? Explores little knowledge about all clinical specialties	3	4.4
Triaging of patients	6	8.8
First contact care	11	16.2
General medical practice	27	39.6
Family care	5	7.4
Advanced general medical practice	4	5.9
Holistic care	5	7.4

Offers coordinated, comprehensive, Continuing care without gender, age, Or organs affected but in the context Of the family and the culture of the Community.	7	10.3
Total	**68**	**100**

DISCUSSION

Family Medicine is now well established in Europe, America, Australia, South Africa and Canada; and it is recognized by health service providers as being of ever increasing importance.[5] This has been emphasized by WHO Europe in its 1998 framework document.[5] In the context of many African countries, a gap in knowledge could be said to have been identified as exemplified by some questions raised by some clinicians. For instance, it is not uncommon to hear some doctors raising questions like "what actually do Family Physicians do? Are Family Physicians involved in clinical care of patients? What makes Family Medicine different from other specialties?

In the current study, 68 clinicians participated in the study. Only 10% of them had adequate understanding of Family medicine. More worrisome is the fact that many clinicians (8.8%) considered Family medicine as a clinical specialty that engages in triaging patient, while few others(4.4%) adduced that the clinical specialty advances 'little knowledge' in all aspects of medicine. The trend of knowledge demonstrated by clinicians in our environment is worrisome. If the clinicians that are vast in various clinical specialties could advance this abysmally insufficient knowledge of Family Medicine, one wonders the type of knowledge the patients in our environment may have about Family Medicine. As far back as 1998, The World Organization of National Colleges, Academies and Academic Associations of Family Physicians (WONCA) described a Family Physician as the doctor of first contact who provides continuous, comprehensive and coordinated care to individuals, families and population undifferentiated by age, gender, or organ system.[7] Family medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care.[6] It is a discipline which integrates several medical specialties into a new whole, and is concerned with the holistic approach to patient care in which the individual is seen in its totality, and in the context of his family and community.[1] In the current study; that there is a gap in knowledge in the understanding of Family medicine is one thing; but that the gap in knowledge is among clinicians (who are leaders in Nigerian Health System) is a major draw-back to Nigerian health care providers. This finding underscores the need for experts in Family medicine to immediately expand the windows of awareness to all healthcare providers in the shores of Nigeria.

Furthermore, the current study also observes that many clinicians did not consider Family Medicine as a second choice in their medical career. Only 2.9% of the studied clinicians indicated to have choose Family Medicine if given a second opportunity. This finding could be attributed to gross inadequate knowledge of clinicians in Family medicine. The finding has further advanced reason why aggressive awareness about Family Medicine should be encouraged and supported by all managers of health in Nigeria.

CONCLUSION

Clinicians' understanding of Family Medicine in our environment is far below average. This has brought to the fore the need for experts in Family Medicine in Nigeria to commence an aggressive awareness on Family medicine discipline among health care providers.

ACKNOWLEDGEMENT

We want to acknowledge the priceless contribution of residents in Family Medicine Department of Benue State University Teaching Hospital towards the success of this work. Similarly, we wish to appreciate the doctors in other departments for participating in the study. We also want to thank the authority of this same institution for granting us the permission to conduct this study.

REFERENCES

1. Resident Handbook: National Postgraduate Medical College of Nigeria. Faculty of Family Medicine. Revised, June 2006; 2.
2. Robert ER, David PR. Textbook of Family Medicine. Elsevier Saunders Eight edition, 2007; 3-13.
3. Ian RM, Thomas F. Textbook of Family Medicine. Oxford University Press. 3rd Edition. 3-10.
4. Marlin SL., Mitchel SK. Family Medicine. Wolters Kluver/Lippincott Williams $ Wilkins. Third edition, 2001; 1-2.
5. Ram P. Comprehensive assessment of general practitioners. A studyon validity, reliability and feasibility. Thesis 1998, Maastricht University.
6. Eropean definition of Family Medicine; Core competencies and characteristics (WONCA 2002/2011).
7. World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), 1998.
8. Olesen F, Dickinson J, Hjortdahl P. General Practice-time for a new definition BMJ, 2000; 320: 354-357.
9. Anthony JV, David VP. Overview of prevention and screening. In: Philip DS, Lisa MS, Mark HE., Mindy AS., David P., Anthony JV. Essentials of Family Medicine. Lippincott Williams and Wilkins/Wolters Kluver. Sixth edition, 2012; 29-30.

10. Bob M. Handbook of Family Medicine. Oxford University Press, Southern Africa, Third Edition 2011; 1-11.
11. Swiss College of Primary Care Medicine, 2004/2011. Available at www.koliegium.ch.
12. Framework for Professional and Administrative Development of General Practice/Family Medicine in Europe, WHO Europe, Copenhagen, 1998.
13. National Population Commission, Abuja. 2006 National Census Report.