CRITERIA FOR CHOOSING A FAMILY DOCTOR IN MAHRES

LES CRITERES DE CHOIX DU MEDECIN DE FAMILLE A MAHRES

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Abstract

Purpose: to assess the choice criteria for the family doctor and to identify the factors influencing this choice. Methods: This is a cross-sectional, descriptive, and analytical study that includes 200 randomly recruited patients after informed consent. The interrogation tool was a written questionnaire. Main results: Study participants choose their family doctor, first for his proximity, then for his good reputation, his availability, his ability to take care of all family members, and finally for his investment in patients. Patients, who had the longest follow-up periods by the same doctor in the study, based their choice on the doctor's ability to manage his patients, and treat all family members. Conclusion : Our results reinforce the idea of the importance of a healthy and sustainable doctor- patient relationship and the assessment of the criteria for choosing the treating physician provides a better understanding of the real expectations of patients, especially young practitioners.

Key - words : Mahres; Family physicians; Selection criteria.

Résumé

Objectif : évaluer les critères de choix du médecin de famille et identifier les facteurs influençant ce choix. Méthodes : Il s'agit d'une étude transversale, descriptive et analytique qui inclut 200 patients recrutés aléatoirement après consentement éclairé. L'outil d'interrogation était un questionnaire écrit. Principaux résultats : Les participants à l'étude choisissent leur médecin de famille, d'abord pour sa proximité, ensuite pour sa bonne réputation, sa disponibilité, sa capacité à prendre soin de tous les membres de la famille, et enfin pour son investissement auprès des patients. Les patients, qui ont eu les plus longues périodes de suivi par le même médecin dans l'étude, ont basé leur choix sur la capacité du médecin à bien gérer ses patients et à traiter tous les membres de leur famille. Conclusion : Nos résultats renforcent l'idée de l'importance d'une relation médecin-malade saine et durable et l'appréciation des critères de choix du médecin traitant permet de mieux comprendre les attentes réelles des patients, notamment des jeunes praticiens.

Mots - clés : Mahres ; Médecins de familles ; Critères de choix .

ملخص

الهدف: تقييم معايير اختيار طبيب الأسرة وتحديد العوامل المؤثرة في هذا الاختيار .
الطريقة: هذه دراسة مقطعية وصفية وتحليلية تشمل 200 مريض تم تجنيدهم بشكل عشوائي بعد الموافقة المسبقة. كانت أداة المقابلة عبارة عن استبيان مكتوب .
أهم النتائج: يختار المشاركون في الدراسة طبيب الأسرة ، أولاً لقربه ، ثم لسمعته الطيبة ، وتوافره ، وقدرته على رعاية جميع أفراد الأسرة ، وأخيراً اهتمامه بالمرضى. اعتمد المرضى ، الذين خضعوا للمتابعة الأطول من قبل نفس الطبيب في الدراسة ، في اختيارهم على قدرة الطبيب على إدارة مرضاهم بشكل جيد وعلاج جميع أفراد أسرهم .
الخلاصة: تعزز نتائجنا فكرة أهمية وجود علاقة صحية ودائمة بين الطبيب والمريض ، كما أن تقييم معايير اختيار الطبيب المعالج يجعل من الممكن فهم التوقعات الحقيقية للمرضى بشكل أفضل ، وخاصة الممارسين الشباب.

الكلمات المفاتيح : المحرس ; أطباء الأسرة ; معايير الاختيار.

INTRODUCTION

The family physician has an important role in the follow-up of the patient, the provision of proximity care and the coordination of subsequent management with specialist physicians. The choice of the physician is interesting to understand the expectations of patients for their treating physician and to explain the distribution of patients among general practitioners. It would also allow young practitioners to better understand the needs of their future patients. This work aims to find a family doctor's choice criteria and to identify the factors influencing this choice in a peripheral region of the governorate of Sfax: Mahrès.

PATIENTS AND METHODS

NATURE OF THE STUDY

This is a cross-sectional descriptive study, a survey carried out in the Emergency Medicine Department at the Regional Hospital of Mahrès.

FRAMEWORK FOR THE STUDY

The Hospital of Mahrès is a regional hospital, located in a peripheral delegation of the governorate of Sfax, in the south of Tunisia. It has 57 hospital beds and an emergency medicine department that receives an average of 73 patients per day, according to figures from the National Ministry of Health in 2017 [1].

STUDY POPULATION

The study targeted patients who visited the emergency department of the Regional Hospital of Mahrès, during 3 weeks in June 2021, according to the following inclusion criteria :

•Major patient of 18 years of age or older.
•Stable state of health to answer a questionnaire.
•Absence of superior function disorder.
•Agrees to voluntarily complete the proposed questionnaire.

PROCEDURE

The general framework of the study: during a satisfaction survey conducted at the Emergency Medicine Department in Mahrès, we asked the participants about their family doctor and their criteria of choice.
Only one official, a foreign family medicine resident, was conducting the survey to minimize selection bias.
Patients who met the inclusion criteria were randomly interviewed over a period of 21 consecutive days. All participants in the survey were clearly informed of the purpose of the study, as well as of their anonymity.

The questionnaire used : contains two parts :

A first part that collects demographic, social data, the circumstances of the consultation, and the patients' previous health status.
The second part consists of 17 questions to describe the choice and then determine the factors that influence it.

ANALYSES

SPSS version 25 was used to complete the descriptive and analytical part of the study:
The reliability of the questionnaire was verified by calculating the Cronbach alpha coefficient:
A minimum value of 0.6 is required to ensure sufficient internal validity.
Any correlation search was done by bi-variate analysis via the Spearman correlation test. The difference is considered statistically significant if ($p< 0.05$).

RESULTS

The sample of this study is two hundred patients divided into 93 female and 107 male patients. The sex ratio is 1.15.
The median age was 45 years ±17.6 with a minimum of 18 years and a maximum of 91 years.

Table I: Socio-demographic characteristics of participants (n=200)

		Headcount **(n)**	Percentage **(%)**
Age	**<=20**	**22**	**11**
	21-30	**29**	**14,50**
	31-40	**35**	**17,50**
	41-50	**40**	**20**
	51-60	**36**	**18**
	61-70	**22**	**11**
	>=71	**16**	**8**
Sex	**Man**	**107**	**53,50**
	Woman	**93**	**46,50**
Educational level	**Illiterate**	**41**	**20,50**
	Primary	**63**	**31,50**
	College	**19**	**9,50**
	Secondary	**53**	**26,50**
	Academic	**24**	**12**
Living place	**Urban**	**91**	**45,50**
	Rural	**109**	**54,50**
Marital situation	**Single**	**52**	**26**
	Married	**111**	**55,50**
	Divorced	**19**	**9,50**
	Widower	**18**	**9**
Social security cover	**Nothing**	**64**	**32**
	Covered	**136**	**68**

Patients have done their family doctor' choice in 78.2% of cases (n=140). Overall, 21 patients did not have a family doctor at the time of the interview, or 10.5% of the total staff. The family physician was the available randomly present doctor in the nearest basic care centre for 23 patients: 11.5% of the study population.

The family physician is a general practitioner for 156 patients: 78% of the total population. The physician was female in 18.9% of cases (n=34), male in 81.1% of cases (n=145). The physician's work was numeric in 58.3% of cases (n=91).

The time required to travel to the attending physician was 24±16 minutes, with extreme values ranging from 5 to 120 minutes. Patients are treated by the same physician for an average of 4.5±4 years with extreme values of 1 month to 20 years.

The criteria for choosing the family doctor were assessed by 10 yes or no questions. The internal validity of the questionnaire is good: the alpha coefficient of Crohnbach is equal to 0.71.

The study identified the family physician selection criteria detailed in Figure 1.

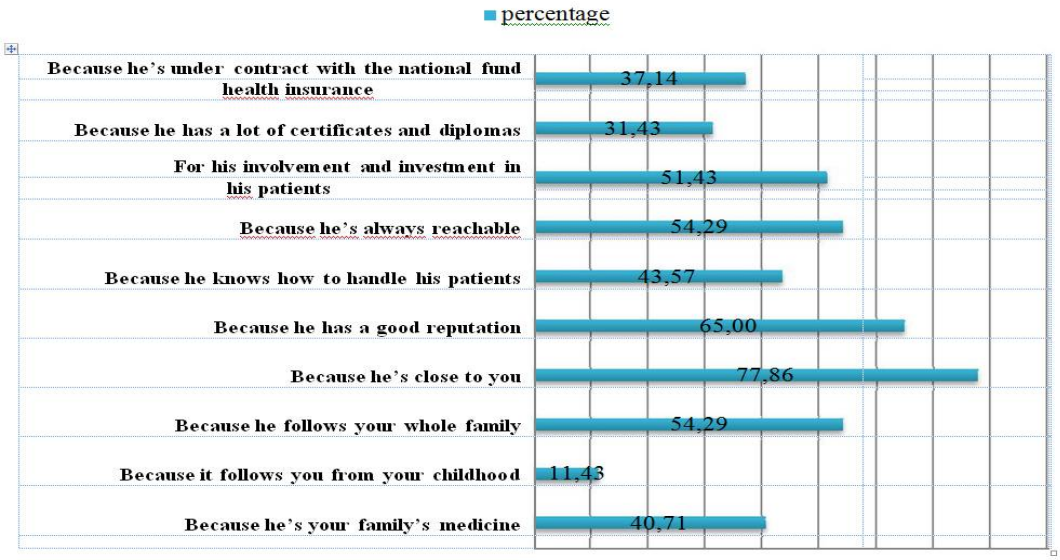

Figure 1: Selection Criteria of the Family Physician

The open-ended questions let us to select the qualities of the doctor most shared in our sample: availability, proximity, relationship of trust, technical competence, and the right orientation to specialist medicine were the frequently cited criteria.
For the answers to the direct question: "which criterion takes precedence over your choice?" Two frequencies are described: 28% for therapeutic effectiveness (n=56) and 18% for good communication (n=18).

Analytical study by correlation research :

The analytical study did not show a correlation between the patient's sex and the doctor's sex. The patient's age and place of life did not influence the physician's choice.

However, we found a correlation with educational attainment and social security coverage. Indeed, the level of education is negatively correlated with the length of time spent

with the same attending physician :

the most educated patients change their doctor more often. Patients with social security coverage of any type find it difficult to find a good family doctor. In this group of patients, the duration of follow-up with the same family doctor is longer.
Patients, who had the longest follow-up periods by the same doctor in the study, based their choice on the doctor's ability to manage his patients well, and to treat all their family members.

Table II: Correlation between the Different Criteria for Physician Choice

	Length of follow-up with the same doctor	
	Correlation coefficient	Sig. (bilateral)
Because he's your family doctor	0,131	0,167
Because he's been following you since childhood	0,133	0,162
Because he follows your whole family	0,200*	0,034
Because he's close to you	-0,024	0,798
Because he has a good reputation	-0,045	0,636
Because he knows how to handle his patients	0,280**	0,003
Because he's always reachable	0,117	0,220
For his involvement and investment in his diseases	-0,033	0,732
Because he has a lot of certificates and diplomas	-0,001	0,990
Because he's under contract with the National Health Insurance Fund	-0,011	0,910

*. The correlation is significant at the 0.05 level (bilateral).
**. The correlation is significant at the 0.01 level (bilateral).

DISCUSSION

Choice of subject and framework for the study

The patient-centered approach has been a medical concept since 1950, but it has known for two decades its full scope and represents the solution that modern society proposes to optimize the health system [2,3]. This concept represents the theoretical framework of our study. In the literature, many studies have studied the effectiveness and especially the benefits of this approach. Indeed, the patient-centered model of care is beneficial in terms of patient satisfaction with perceived quality of care and adherence to the therapeutic protocol [3–5]. Tunisia has embarked on a new health reform to improve the quality of health services and reduce spending. On the one hand, new legislation in November 2011 concerned medical studies, by a text of law published in the official journal of the republic (JORT n°90 of 25 November 2011) [2]. On the other hand, Tunisian academic efforts to improve hospital performance continue to increase. In this context, the strategic scoreboard adapted to our population, which was developed by the team of Rouis et al [6]. Also, the Tunisian societal dialogue for the reform of the national health system, which recommended in 2014, the enhancement of local health services, through the promotion of family medicine [7].

Study questionnaire: Our study is based on a simple and sparse questionnaire as recommended by Safa et al. in one of the oldest Tunisian survey at the Charles Nicole Hospital in Tunis [8]. This questionnaire was used in 2017 in the Tunisian study by Taktak et al.[9]. Although it does not have international validation, the Crohnbach alpha coefficient is very satisfactory in our study and shows good internal validity synonymous with reliability.

Study Population Characteristics: In our 200-patient series, the median age is 45 years± 17.6, with a minimum of 18 years and a maximum of 91 years. This result is comparable with the median age of 42 years found in the Tunisian series of Zemni et al. which took place at the Sahloul University Hospital in Sousse [10]. Our Tunisian and North African population is quite young, compared to a Swedish series published in 2012 [11], or another Australian published in 2020 [12], which found a median age of 54 years in both studies. Compared to African populations, this median age is higher than in the Nigerian series of Oluwadiya et al. or Molalign et al who found the same median age of 35 years [13,14]. The youth of our population can be explained by the fact that the study sample includes obstetric and trauma emergencies, which are often associated with young victims of trauma, or with young women of reproductive age.

Regarding the level of studies in our series, patients were illiterate in 20.5%. This percentage is much lower than in other Arab studies. Indeed, the illiterate represent 48% in the Saudi series of Al Qatari et al, and 38.5% in the Egyptian series of Diab et al [15,16].

Family Physician Selection Criteria: The questionnaire used has two types of questions: open and closed. The purpose of open-ended questions is to avoid under-reporting by allowing the patient a margin of freedom to express themselves. Closed-ended questions help guide the patient to assess his or her priorities in choosing his or her treating physician. This approach has been strongly recommended since 1992 by Car and Hill [17]. In the literature, the qualitative approach based on a pre-established questionnaire is most often used to better study the patient-physician relationship [18,19]. The closed-ended questions on the questionnaire allowed us to identify the most common criteria for choosing a family doctor in **our population, in order of frequency :**

*The proximity.
*The good reputation.
*Availability.
*Ability to support all family members.
*Investing in the sick.

The results of the open-ended questions reflect these previous results. But they add new criteria:

*The criterion of therapeutic efficacy.
*Good communication.
*The relationship of trust.
*The medical competence felt by patients.
*The right orientation to specialist doctors.

Comparing the national and regional literature, the study conducted in the Habib Bourguiba emergency department in Sfax in 2017, which used the same questionnaire, showed that patients choose their treating physician, first for his proximity, then for his personal qualities. [9].

Based on these common findings, proximity is the most common endpoint in both study populations in the Sfax region. Then there are the personal qualities of the doctor: his competence perceived by his patients, his sense of listening, his ability to

communicate well, and his advice to direct them to specialist doctors.
In the international literature, the criteria for the choice of family doctor are divided into two main themes: the personal relational and technical qualities of the doctor, and the logistical theme which includes the proximity of the office, the good management of patients, extended working hours and emergency availability.
Indeed, according to the series of Grol et al. which includes 3540 patients, the factors determining the choice of the attending physician are: the adequate and adequate time of the consultation, the availability and especially the responsiveness in case of emergency of the physician [20,21]. In a Danish meta-analysis of interest to 50191 patients, seeking to know the criteria for which patients recommend their general practitioner to others, empathy, good orientation, quality information, technical competence, and easy access to care were the most shared criteria [22].
In a series of 410 patients in Fiji, patient satisfaction is positively associated with the relationship of trust, behavioral skills and good communication of physicians [23].An Iranian study published in 2020 showed that the theme of technical and scientific competence is more important than the relational theme [24].Another Polish study of 99 patients also showed that the satisfaction factors were rather scientific, logistical and technical, and respondents were satisfied with the availability of diagnostic tests (73%), the quality of information on their health status and treatment provided (80%), and respect for privacy and dignity (82%) [25]. In a Scandinavian study, patients were, in general, very positive towards their general practitioners, first for the confidentiality of their health status, then by the rapid health service, available and adapted to their health condition [26].
It can therefore be concluded that the choice of family doctor in our study population is consistent with the literature, based both on the logistical theme (proximity or easy access to care, ability to take charge of all family members) and the relational theme (good reputation, closeness, involvement and investment in patients.

Limitations

Conducting interviews by direct communication, just outside of emergencies, may involve bias. But probably less than a written survey that would pose problems of language, especially since 20.5% of our patients are out of school.
The fact that the survey was administered by a health worker could be a bias. Patients with a fear of openly criticizing health care staff and thus of speaking out about their dissatisfaction.
The socio-cultural context of patients could also be a bias. In fact, patients from rural areas are seeking to improve their health. They have fewer demands in terms of quality of care compared to the urban population.

Outlook

We approached this topic with a qualitative study given the logistical difficulty of assessing the non-measurable dimensions of our objectives. After these encouraging results, a quantitative study will have of great value for the region of Mahrès. As part of a continuous improvement approach, this survey should be renewed periodically in order to follow the evolution of real expectations of patients in the Mahrès region.

CONCLUSION

Global health system reforms have shown that the delivery of integrated primary health care services focused on primary care is the most efficient approach to achieving universal health coverage. Tunisia is committed to this approach at the legislative, academic and political levels.
As this is the first study in this peripheral area of Sfax governorate, a qualitative study was chosen to better describe the relationship between the family physician and patients in the area. The choice of family doctor in our study population is based on both the logistical theme (proximity or easy access to care, the ability to take charge of all family members) and the relational theme (good reputation, reach, involvement and investment with patients. As part of a continuous improvement approach, this survey should be renewed periodically in order to follow the evolution of real expectations of patients in the Mahrès region.

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