Choosing Family Physician: An Effective Measure for Ensuring Optimal Family Health in Ilorin Metropolis, Kwara State, Nigeria

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Abstract

This paper examined the effect of choosing family physician on overall health of the family members in Ilorin metropolis, Kwara State, Nigeria. Three hundred educated heads of families were randomly selected from the four local government areas of Ilorin metropolis (Asa, Ilorin West, Ilorin East and Ilorin South) Kwara State, Nigeria. A researcher's developed and structured questionnaire was used for data collection. Descriptive research design of the survey method was adopted for the study. Data collected were analysed with the use of frequency counts and simple percentages. The result of the study showed that the wise choice of family physician is an effective measure for ensuring optimal family health. This result also revealed that certain factors such as the credentials of the physicians, hospital affiliation, location of hospitals, mode of practice, etc. were good consideration for choosing family physicians. It was recommended that there is need to find out the credentials of the physicians before entering into contractual agreement with them. The paper also recommends that clients should determine their mode of operation before employing them. The paper also recommends that there is need to know the physician's hospitals affiliations among other things.

Introduction

The delivery and procurement of health care services has assumed a wider dimension in the society. In the 19th century, health services are the general responsibility of the medical practitioners, the current advancement in medical practice and specialization has changed the trends of events (Henry, 1993; Rosser, 2002). The complex nature of which medicine becomes created the needs for more sub-specializations and a shift from general practitioners to the more modern ones refer to as family physician (Harold & Stephen, 1996). The changing tides of events and the different patterns of illnesses have made consultation and relationship between people and medical physician a sine qua non.

People visit medical physician because of diverse reasons such as when taken ill, for medical check-ups and to seek medical advices. Osborn (1993) and David (2000) stated that people visit the physicians because they believe they are ill, and further reported that there is something in the life condition of individuals

that impels them to seek help, aside from clear emergencies and acute stages of serious illness that scarcely permit alternatives, any visit to a physician represents a conscious choice on the part of the patient or individual.

The choices we make about physicians, health services and medical payment plans will reflects our commitment to remain healthy and our trust in specific people who are trained in keeping us healthy (Info links, 2000). Among other reasons why people consult health care providers are: diagnoses and treatment purposes, medical check-ups, preventive reasons, research, emergencies and general consultations (Osborn, 1993; Jeffery, 1985).

The Medical Practitioners and the Clients

Henry (1993) described medical physicians as the medical experts of society. The need to cure diseases and improve health care delivery and well being of people necessitate the choice of family physicians and hospitals. Medical physicians are experts that have been trained and saddled with the responsibility of rendering health care services to the people (clients) in a given community. They have acquired their initial knowledge by studying with their masters who have passed on to them the accumulated experience of centuries and the results of their own researches. They continue to learn while practicing medicine. Observation, experience, experimentation and reasoning are the sources of their knowledge.

There are usually variations in the impression of patients (clients) and medical physicians in the course of their interactions. These variations may be hidden either of the parties, and this needs to be exemplified to ensure cordiality in achievements of health care delivery goals. Physicians and patients (clients) often operate within different assumptions and frequently lack awareness of the extent to which their assumptions are different (John, Judith & Grant, 2003). According to them, the amount of medical information patients have is different from what most physicians believe it to be and that physicians often fail to appreciate the reasons why patients are seeking their help. David (2000) opined that the success of the doctor-patient relationship is largely based on the extent to which doctor and patient share common frames of mind.

A critical examination of doctor-patient relationship is expedient in order to ensure effective health care delivery and attain optimal level of health standard. It is therefore necessary for individual clients and the physicians to seek and unravel the disparities that may exist between them so as to maintain balance a relationship. David (2000) noted that it is often illuminating to seek out disruptions in patient-practitioner relationships because they may tell us something about the frames or reference of the participants and where they may or may not reflect on this competence, but they usually indicate a failure to fulfill expectations in some important ways.

In an attempt to establish factors that can enhance the success of physician, Henry (2000) stated that the physician's success or failure however, depends not

only on his knowledge and skill. If the society is not willing or able to accept them, all his efforts are in vain. The responsiveness of society is determined by endless, social, economic, religious, philosophic and political factors.

Apart from the identified disruptive views that often impede the smooth relationship between doctor and patients (clients), Sargen, Hooks & Cooper, (2011) also identified the following as factors affecting doctor-patients (clients) relationships:

- The extent to which the physician operates as an independent practitioner in contrast to being part of a larger group organization.

- The effort and commitment the physician gives to his work depend on the rewards he receives. Such rewards include his income, status and esteem appreciation of patients, and the satisfaction that comes from the knowledge of doing one's job well.

- The physician's respond not only to the economic and organizational contexts of their practices and to their own personality needs but also to the characteristics and behavior of patients (clients).

- Physicians attitudes towards financing of health care is another unfavourable factor towards the achievement of effective health care delivery services.

- The medical practitioner whose social origins are largely of the bourgeoisie, has strong commitment to independence, social and economic individualism and class status.

- Medical profession has shifted from the office-based practitioner to "professional monopolists" and "corporate rationalizes".

The need for cordiality between the physician and the patient (client), and the efficiency in the services render by the physician was aptly emphasized by Mackenzie (1996) that Hippocrates remarked that life is short, science is long; opportunity is elusive, judgement is difficult. It is not enough for the physician to do what is necessary; the patient and the attendants must do their part as well, and circumstances must be favourable. He stated further that patient's power and responsibility involved three stages i.e exercise of choice (consumer sovereignty), complaints and redress power or voluntary help of some organizations.

Research Questions

1. Does the attitude of family physician towards discharge of his/her responsibility has impact on attainment of optimum level of health for family?

2. Does the social origin of family physicians affect their commitment to serve different class of families?

3. Is there any impact of remuneration receives by physician on his efforts and commitment towards ensuring optimum level of health for clients?

4. Is there any impact of operational mode of family physicians on the overall health and well being of the family members?

5. Does the physician credentials has impact on the services render to the family members?

Methods and Materials

The study was carried out with the use of descriptive research design of survey type. The sample for the study was made up of three 300 educated people drawn randomly among different families from the four local government areas in Ilorin metropolis (Asa, Ilorin West, Ilorin East and Ilorin South) Kwara State, Nigeria. Only respondents with a minimum of secondary school education were allowed to participate in the study.

The instrument used I gathering information for the study was researcher's developed and structured questionnaire.

The research instrument used consisted of two sections (Section A and Section B). Section A elicited information on the demographic information of the respondents, while Section B collected information on attitude of family physicians in the discharge of their responsibilities, social origin of family physicians and commitment to serve different class of patients (clients), remuneration received by physicians and commitment to their clients as well as impact of physicians credentials on the services rendered to the family members.

The analysis of data collected was done using frequency counts and percentages. The questionnaire was personally administered by the researchers and two trained research assistants.

Results

Table 1: The attitudes of family physicians on the attainment of optimum level of health for the family

S/N	ITEMS	RESPONSES			
		No. Agreed	%	No. Disagreed	%
1	Family physicians pay non - challant attitudes towards discharge of their assigned responsibilities	240	80.00	60	20.00
2	Family physicians need to create rapport with their clients	270	90.00	30	10.00
3	Unethical practices of some physicians i.e leaking of clients secret, mistrust, exploitation etc. affect the discharge of family physician.	246	82.00	24	18.00

Table 2: The social origin of physician affect their commitment to serve some class of families

S/N	ITEMS	RESPONSES			
		No. Agreed	%	No. Disagreed	%
1	Family physicians prefer to serve high class of people than the lower class	210	70.00	90	30.00
2	The social -cultural background of families physicians affect them in the discharge of their duties.	240	80.00	60	20.00
3	The norms and values of the society in which the physicians are practicing always has impact on his/her performances	240	80.00	60	20.00

Table 3: The remuneration received by the family physicians affect their commitment towards ensuring optimal level of health for their clients

S/N	ITEMS	RESPONSES			
		No. Agreed	%	No. Disagreed	%
1	The rewards the family physicians received for their services have effect on their overall performances	270	90.00	30	10.00
2	The appreciations shown by the patients (clients) to the family physicians have great impacts on their performances	270	90.00	30	10.00
3	The job satisfaction derived by the family physicians from their work environment has great impact on their overall performance	270	90.00	30	10.00

Table 4: The mode of operation of family physicians has i mpact on the overall health and well being of the family members

S/N	ITEMS	RESPONSES			
		No. Agreed	%	No. Disagreed	%
1	Family physicians operating as partners impact much on health and well being of their clients than those operating independently	240	80.00	60	20.00
2	Group family practice gives room for effective and efficient treatment and rendering of health services	240	80.00	60	20.00
3	The affiliation of some hospitals to another hospitals by some family physicians usually ensure effective and efficient health care services and specialization	240	80.00	60	20.00

Table 5: The family physicians' credentials have impact on the services render to the family members

S/N	ITEMS	RESPONSES			
		No. Agreed	%	No. Disagreed	%
1	The trainings received by family physicians have great bearing on their overall performances	210	70.00	90	30.00
2	The area of specialization of family physicians determines their suitability as family health overseer and effectiveness in the improvement of the health of families.	264	88.00	36	12.00
3	The physicians that have not been licensed have no legal based for operating and should not be patronized	267	89.00	33	11.00

Discussion of Findings

Table 1 shows that 80% of the respondents agreed that some family physicians pay non-challant attitude in the discharge of their duties, also 90% of them agreed that family physician need to create rapport with their clients, while 90% agreed that unethical practices affect the activities of family physician. The result in Table 1 shows that the attitudes of family physicians exerted great impact on the attainment of optimum level of health for the family members. This finding further confirm assertion Burman, Hart, Conley, Brown, Sherard, and Clarke (2009) that physician attitudes towards financing of health care is another unfavourable factor towards the achievement of effective health care services.

Table 2 reveals that 70% or 210 of the respondents agreed that some physicians prefer to serve high class of people than lower class, 80% or 240 of respondents agreed that the socio-cultural background of families physicians affect them in the discharge of their duties while 80% or 240 of the respondents agreed that the norms and values of the society has impact on the performance of family physicians. The result in Table 2 reveals that the social origin of some physicians affect their commitment to serve some class of families. This supports David's (2000) view that the medical practitioners whose social origins are largely of the bourgeoisie, has strong commitment to independence, social and economic individualism and class status.

Table 3 reveals that 90% or 270 of the respondents agreed that the rewards that the family physicians received for the services rendered have serious effect on their performances, also 90% or 270 of the respondents agreed that the appreciations shown by the patients (clients) to the family physicians have great impact on their overall performances. while 90% or 270 of the respondents

agreed that job satisfaction from working environment has impact on the performance of the family physicians. The finding as shown in Table 3 indicates that the remuneration received by the family physicians affect their commitment towards ensuring optimum level of health for their clients. Osborn (1993) and Rosser (2002) emphatically noted that the efforts and commitment the physician gave to his work depend on the reward he receives.

Table 4 shows that 80% or 240 of the respondents agreed that group practice by the family physicians impact much on health and well being of their clients, while 80% or 240 of the respondents agreed that hospital affiliation usually ensure efficient and effective health care services and specialization. The result revealed that the mode of operation of family physician has impact on the health and well being of the family members. This finding supports that of Jeffery 1985; John, Judith & Grant (2003) that the extent to which the physician operates as an independent practitioner greatly influence the health of the family members.

Table 5 reveals that 70% or 210 of the respondents agreed that the level of training acquired by the physicians has direct bearing on their performances, while 88% or 264 of the respondents agreed that areas of specialization of family physicians affect their performances. Also, 89% or 267 of the respondents agreed that non-licensed physicians have no legal base to operate.The result further reveales that, the family physician credentials have impact on the services render to the family members. This finding is in line with the submission by Info links (2002) & Dianne and Brian (1992) that there is need to consider physician credentials which has to do with whether he/she has been licensed and the area of specialization.

Conclusion

The attitudes which family physicians exerted have great impact on the attainment of optimum level of health for the family members; the social origin of the physicians affect their commitment to serve some class of families. while the remuneration received by the family physicians affect their commitment towards ensuring optimum level of health of the clients. Furthermore, the mode of operation of family physician has impact on the health and well being of the family members. Finally, it was also concluded that the family physician credentials have impact on the services render to the family members.

Recommendations

Based on the findings in the study, the following recommendations are proffered:

1. Patients should always find out the academic and professional background of their prospective family physicians before entering into contractual agreement with the physicians.

2. Government should make the salaries and other medical allowances of the physicians attractive.
3. All prospective employers of family physicians should try as much as possible to identify with family physicians operating in group practice.
4. The prospective employers of medical physicians should ensure that the practicing hospitals of the family physicians are affiliated with other hospitals.
5. Clients should make sure that the hospitals of the physicians are located near residential homes of the prospective employers/clients.
6. In choosing family physicians, consideration should be given to the environmental condition and facilities in their practising areas or where their hospitals are located.

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