

Functioning of primary health care in opinion of managers of primary health care units

Bojar I, Wdowiak L, Kwiatosz-Muc M*

Chair and Department of Health Protection Management and Economics, Medical University in Lublin, Poland

Abstract

Purpose: The aim of the research is to get to know opinions of primary health care managers concerning working of primary health care and concerning quality of medical services offered by family doctors out-patient clinics.

Material and methods: The research among managers of primary health care units took place in all out-patient clinics in Lublin province. Research instrument was survey questionnaire of authors own construction. Results were statistically analyzed.

Result: From 460 surveys sent, 108 questionnaires were accepted to analysis.

Majority of managers of out-patient clinics of primary health care is satisfied with the way and the quality of work of employed staff. In opinion of 71.3% of managers access to family doctor services is very good. Availability of primary health care services is better estimated by managers of not public units. The occupied local provide comfortable work for the staff in opinion of 78.5% of surveyed managers of out-patient clinics. Managers estimate the level of their services as very good (37.96%) and good (37.96%) comparing to other such a subjects present in the market. Internal program of improving quality is run in 22% of out-patient clinics, which were investigated.

Conclusions: Managers of primary health care units assess the quality of their services as good and very good. They estimate positively the comfort and politeness in serving patients as well as technical status of equipment and the lodging. They assess availability of their services as very good. Large group of managers of family doctors practices recognizes neighborhood practices as a competitors.

Key words: primary health care, manager, quality of medical services.

Introduction

The transformation of multispecialistic system of primary health care in Poland into model of family medicine needed special actions. Their starting point was the document "Spectrum of competences of family doctor" accepted by Ministry of Health and Social Care in 1993. This document is an attempt of distinguishing duties of family doctor as a general practitioner and competences of other specialists present in health care system.

Central place in new shaped primary health care should provide efficiency in using public finances intended for health care system. Primary health care units should be independent subjects, fully responsible for both, medical and economical effects of their actions. Independent primary health care units in health care system would be included in public health care system by contract with suitable buyer. Only such a location of family doctor in health care system would be giving a guarantee of rational decisions, which are being taken by family doctor. This would be giving the possibility of improving effectiveness of using finances intended for primary health care system.

Aim of the research

The aim of the research is to get to know opinions of primary health care managers concerning working of primary health care and concerning quality of medical services offered by primary health care units.

Material and methods

The research took place in all outpatient clinics in Lublin province, which signed the agreement with National Health Found in the year 2003 in range of primary health care. Proper

* CORRESPONDING AUTHOR:

Chair and Department of Health Protection Management and Economics, Medical University in Lublin
ul. Chodźki 1, 20-093 Lublin, Poland
Tel/fax: +48 81 7405752
e-mail: ibojar@poczta.onet.pl (Iwona Bojar)

research was followed by pilotage research in 2002. The research was individual and performed with the help of survey questionnaire of authors own construction. The research was anonymous, without the presence of enumerator to avoid false answers. Surveys were sent by regular mail to managers of outpatient clinics of primary health care. Authors kindly asked addresses to fill the survey and resend it to Department of Management and Health Care Economics in Medical University in Lublin (mail stamp and return envelope was attached to every survey).

Results were statistically analyzed with Statistica 6.0 program. Test of homogeneity χ^2 was used to detect the presence of differences between analyzed groups for nominal features. Test of independence χ^2 was used to find the significance between two variables. The strength of relation was estimated by V-Crammer's factor. For small numbers we used Yates correction.

Together with pilotage research 460 surveys were sent. Pilotage research was not taken into consideration in statistical analysis.

Among 410 surveys of proper research we have received 134 (29.13% surveys returned). Not fully filled and not properly filled surveys were rejected. 108 questionnaires were accepted to analysis.

Results

Characteristics of investigated group of doctors

108 doctors working as managers of primary health care units were examined.

There were 54.6% (59) women and 45.4% (49) men in investigated group. Majority of persons was age between 41 and 50 (51.9%), 27.4% was age up to 40, minority of persons was age more 51 (20.75%).

Primary health care units, in which investigated physicians are employed, are located in the country (53.7%), in the city (28.7%) and 17.6% in small towns.

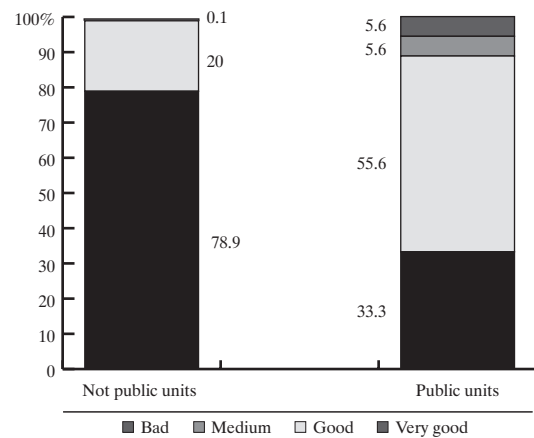
Majority of surveyed doctors was specialized in two fields (59.3%). Large group of doctors had one specialization (29.6%), more than 10% of surveyed was specialized in more than two fields. Taking into consideration length of working in primary health care, majority of surveyed doctors worked as family doctor (or as a GP) more than 15 years (61.1%). Part of investigated managers of primary health care units works in primary health care from 11 to 15 years (17.6%) and from 5 to 10 years (13.9%). Only 7.4% of physicians works less than 5 years.

83.3% of surveyed doctors are managers of not public units, 16.7% are managers of public units.

Doctors, who took part in research, administer primary health care units by their own (73.15%), 26.85% of surveyed managers run their units with partner or are subordinated by the director of the unit.

The majority of investigated primary health care units was employing not more than 10 persons (58.9%). In one third of the units between 11 and 20 persons were employed (33.6%) and more than 20 persons were employed in 7.5% of units.

Figure 1. Availability of family doctor's service in opinion of managers depending on type of unit



Functioning of primary health care

Majority of managers of primary health care units is satisfied with the way and the quality of work of employed staff. 47.2% of managers is fully satisfied with the way of the work of the staff as well as with quality of their work. 46.3% of managers is satisfied but not concerning to all of the persons. 5.6% of managers are satisfied but they see the need of reducing one or more persons. Only one investigated manager is not satisfied with the work of his/her personnel.

Gate keeper role provides equality in access to health services in opinion of 56.5% of surveyed doctors. 32.4% of managers do not have any opinion concerning this matter. 11.1% of surveyed physicians has opinion that it does not make access to medical services easier.

In opinion of 71.3% of managers of primary health care access to family doctor services is very good. About 26% of investigated doctors do think that access is good. Only 1.8% of doctors assess the services of primary health care as an average and only one person assess it badly. These opinions were similar to patient's opinions. Researches performed in Gdańsk and Sopot, patients, who often visited their family doctor estimate it's availability as a very good (50%) and good (42%). Patients who are not often visiting their doctor estimated it's availability as very good in 35% and good (54%) [4].

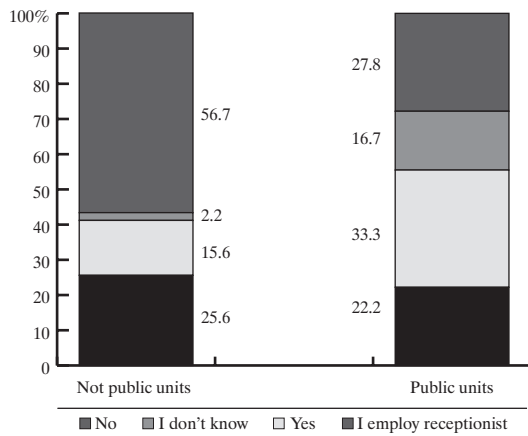
Researches which took place in England showed that doctors focused on communication to diagnose and plan the treatment of the patients. Doctors did not find the problem of availability in the same way as their patients. Only small group of family doctors discussed this subject with their patients [5].

Availability of primary health care services is better estimated by managers of not public units (78.9% – very good), only 33.3% of managers of public primary health care units estimate availability very good ($p < 0.05$), Fig. 1.

Half of surveyed managers (51.85%) for the question concerning the need of employing receptionist, who organizes the work in the primary health care units, answered that there is no such a necessity. On fourth of surveyed managers has already employed such a person and find it helpful (18.5%).

Interesting is the fact that there is more managers of not

Figure 2. The need of employing receptionist in the opinion of surveyed persons depending on type of unit



public units (56.6%) who do not find the need of employing the person responsible for organizing work than managers of public units (27.8%) ($p < 0.05$), Fig. 2.

Majority of investigated doctors have opinion that family doctors are well and comprehensive prepared to their function (77.8%). 22.2% of examined doctors do think that family doctors are not enough prepared to their work.

The occupied local provide comfortable work for the staff in opinion of 78.5% of surveyed managers of primary health care units. One fifth of examined (19.6%) do think that the local does not cover the expectations of workers.

Majority (74.8%) of managers has also opinion that the lodging provides comfort for working with patient. About 14% do think that the comfort is not full. 11.2% of managers do not have any opinion concerning this, because there was no research among patients in this matter. The technical status of the rooms was estimated by patients as good (64%) and bad (18%).

Although fulfilled all of expert and sanitary requirements concerning lodging, 41.1% of managers mentioned that driveway for disabled persons are still not present. Most different situation in this aspect is in the country. 5.6% of primary health care units are not available for persons on wheelchairs. The problem touch 25.8% of primary health care units in the cities and 31.6% in small towns.

Managers of primary health care units estimate the level of their services as very good (37.96%) and good (37.96%) comparing to other such a subjects present in the market which is comparable with patients opinion, Fig. 3.

In the researches of other authors performed among patients of two primary health care units: public one and not public one, respondents estimated two times often the health care in not public units as better to compare with public units [7]. In the opinion of patients better care was associated with better communicativeness of doctors and better management of time of the work.

Managers of primary health care units do think that employees do not have motivation to perform their services in higher level, because of their low salaries and low comfort of their work (54.6%). 45.4% has opposite opinion about it. More than

Figure 3. How high is the level of quality of your unit's services?

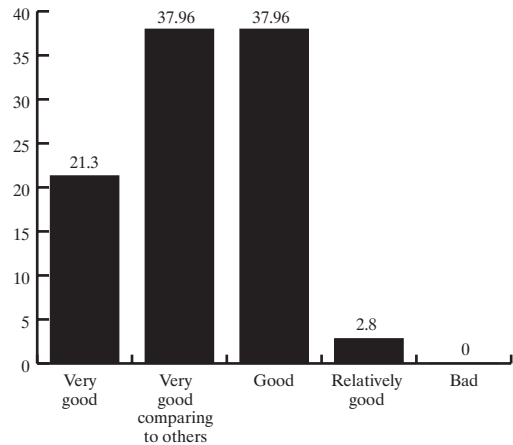
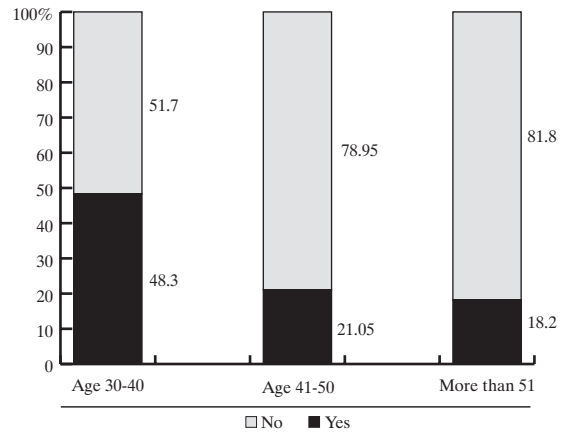


Figure 4. Are you as a manager well paid? (depending on the age of surveyed persons)



70% of managers has opinion that they are not well paid. Dissatisfaction with the salary grows with the age of the manager ($p < 0.05$). The most dissatisfied are doctors in older age group (81.8%) and the least dissatisfied are doctors in age group up to 40 (51.7%), Fig. 4.

Opinions concerning the salary of family doctors in Podlasie area were different depending on the kind of unit of health care.

Doctors working in not public units (contracted) are in 62% satisfied with their salaries and only 8% of public units doctors have the same opinion.

More or less 57% of surveyed doctors say that peer group meetings are organized to improve the level of quality of services in primary health care and personnel is involved in these meetings. 27.1% of managers said that such a meetings do not take place. 15.9% have no piece of information about it. The least interest in meetings are persons older than 51 years (45% answers – yes, 45% answers – no). Most involved in improving the quality of services by exchanging experiences are managers in the age between 41 and 50 years old (66.1%, $p < 0.05$), Fig. 5.

Figure 5. Are peer group meetings organized? (answers depending on the age of surveyed persons)

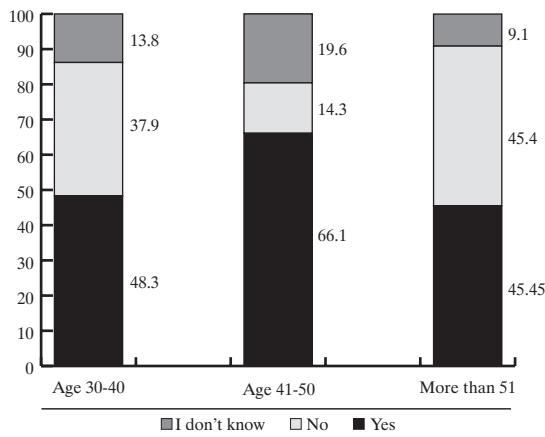
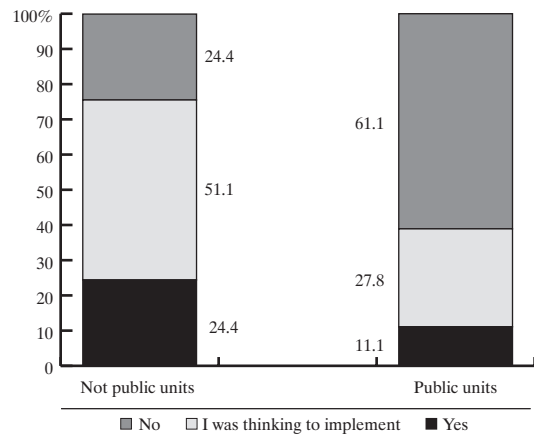


Figure 6. Are you running an internal program of improving quality? (answers depending on the type of unit)



Internal program of improving quality is run in 22% of primary health care units, which were investigated. Plans of implementing such a program have about 47.2% of managers who are responsible for quality of services in their units. 30.6% of managers of family doctors practices do not run any internal program of improving quality of services and do not plan to implement such a program.

Bigger interest in improving the quality of services we can observe in not public primary health care units. 24.4% of managers have already running internal program of improving the quality of services and 51.1% of them is planning to implement such a program. Among public units such a program is run in 11.1% and is being planned in 27.8% of units ($p < 0.05$). The highest percentage of managers, who implemented the internal program of quality of services is in units located in the city (41.9%, $p < 0.05$), Fig. 6.

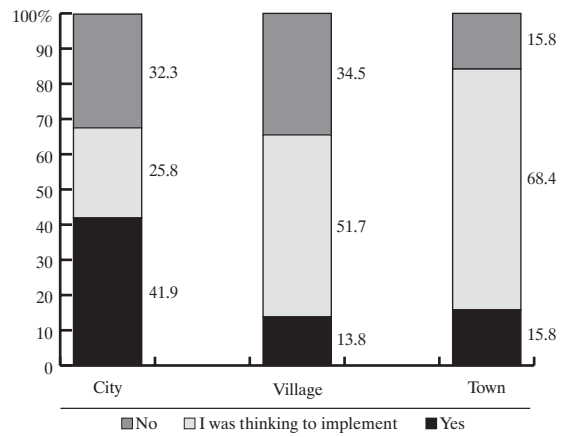
90.74% of managers mention that actions improving health are being organized, 9.26% deny of the presence of such actions. Answers of surveyed managers concerning this matter depended on kind of unit they managed. Almost all (94.45) of managers of not public units answered that health improving actions for patient are organized in their units. 27.8% of managers of public units did not organized such a actions ($p < 0.05$). Among questioned patients only 25% confirmed their parting in such actions, Fig. 7.

For question about innovative ideas with improving health direction and differentiate given unit from the others 45.37% of surveyed managers answered that they do not have enough funds for such an activity. 40.74% mentioned that they do not have these kind of ideas. 13.89% see possibility of such action and is in progress with preparations. 75.93% of questioned managers did not examined real needs of their patients. 24.07% of managers have already checked needs of their patients.

Conclusions

1. Managers of primary health care units assess the quality of their services as good and very good. They estimate positively

Figure 7. Are you running an internal program of improving quality? (answers depending on place of location of the unit)



the comfort and politeness in serving patients as well as technical status of equipment and the lodging. Managers of primary health care assess availability of their services as very good. Following manager's opinions patient can easy receive appointment in suitable time for them.

2. Around half of the managers of primary health care do not see any need of rationalizing their units with employing receptionist. In a small degree there are implemented internal programs of improving the level of quality in out-patient clinics.

3. Examining the satisfaction of patient is not important element in running of primary health care units, because only a few units lead investigations concerning needs of their patients.

4. Large group of managers of primary health care units recognizes neighborhood practices as a competitors, which motivates them to implement any innovative projects in their units.

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