

FAMILY MEDICINE AS SEEN BY OTHER MEDICAL SPECIALTIES

ADAM DOSKEY, MBChB*

ARY HABEEB MOHAMMED, MBChB, MSc, PhD CM**

RAGHIB RASHEED MOHAMMED, MBChB, MSC & BFM, MSc DM***

Submitted 02 Feb. 2024; accepted 10 June 2024

ABSTRACT

Background: The perceptions of other medical specialists towards Family Medicine have not been investigated sufficiently in Kurdistan Region. The aim of this study is to explore their perceptions on attitudes and communication with family doctors and to see if more collaboration is needed.

Methods: A cross-sectional study was conducted on the grounds of public hospitals and tertiary health centers in the city of Duhok, involving 111 specialist doctors, all of whom were clinicians and employees of Duhok Directorate General of Health from March 2022 to March 2023.

Results: Seventy three percent of the specialists stated that family doctors should be the main care provider to the patients. The thought of family doctors undermining the private practice could not be dismissed (41% Yes versus 41% No). They admitted family doctors reduce burden on them (68%). While 63% stated that family doctors are cooperative, the vast majority (99%) reported that more collaboration is needed. Only 54% supported consultations through family doctors. Also 86% of surveyed specialists encouraged regular meetings with family doctors. One-third of specialists viewed the quality of Family Medicine in the local area as being good, and 46% expressed confidence in the competency of family doctors. Finally, most specialists (82%) viewed communication between family doctors and specialists as being weak.

Conclusions: This study demonstrates that other specialists had positive attitudes toward Family Medicine and its future. However, they had less confidence in local Family Medicine practices, communication and collaboration. Additionally, this study stresses the need for better communication and further collaboration between family doctors and specialists.

Duhok Med J 2024; 18 (2): 45-54.**Keywords:** Family Medicine, Specialists, Perception, Attitudes, Communication, Collaboration.

Family Medicine (FM) is the medical specialty which provides continuing, comprehensive health care for the individual and family.” It is a specialty that integrates the biological, clinical and behavioral sciences. Family medicine involves all ages, all genders, all organ systems and all diseases⁽¹⁾.

Family medicine is often perceived to be a ‘lesser’ specialty compared to other disciplines, even with its significance as a

generalist discipline in the healthcare system.⁽²⁾ Family doctors (FDs) and their workforce adapt their care to the unique needs of their patients and societies. They are ideal leaders of health care systems and partners for public health⁽³⁾.

Family doctors act as a gatekeeper for patients’ referrals to other specialists⁽²⁾. Family doctors can manage a wide range of health problems, either directly or through referrals to other specialists,

<https://doi.org/10.31386/dmj.2024.18.2.5>

* Postgraduate Student, University of Duhok, College of Medicine

** Assistant Professor, University of Duhok, College of Medicine

*** Lecturer, University of Duhok, College of Medicine.

Corresponding author: adamed88@hotmail.com , Mobile 0750 221 8091

thereby optimizing the cost-effectiveness of the healthcare system⁽⁴⁾. Family doctors also manage chronic illness, often coordinating care provided by other subspecialists. From heart disease, to diabetes, and asthma, FDs offer ongoing, personal care for the most serious illnesses⁽⁵⁾.

In recent years, there has been a substantial rise in attention paid to improving health service distribution outcomes at the primary, secondary, and tertiary levels globally. “Since 2011, efforts have been made at the national and Kurdistan regional levels to modernize the health system in the country, targeting the six main blocks of the health system, including Human Resources for Health (HRH)”⁽⁶⁾.

The role of family doctors in the community is often under-valued by other colleagues, such as specialist doctors, and not well-appreciated by society / patients. An attempt to explore current perceptions and attitudes of other specialist doctors toward local family doctors in the city of Duhok was undertaken to see whether they are positive or not and if more efforts are needed to improve their relationship.

STUDY DESIGN AND SAMPLING

In this cross-sectional study, we asked medical doctors from specialties other than Family Medicine (FM) to present their attitudes towards FM. In this regard, the first author attended the main public hospitals in Duhok City to invite the doctors to the study. The doctors who were available during the data collection at the hospitals were asked to fill out the pre-designed questionnaire. The medical specialists were invited to this study without consideration of age, type of specialties, and demographic aspects. Those doctors who were not available during data collection due to any reason were not included in this study.

The doctors included in this study from Azadî Teaching Hospital (a main tertiary hospital in this region), Hîvî Pediatric Hospital, Duhok Emergency Hospital, Eye Hospital of Duhok and Maternity Hospital of Duhok. Also some other medical care providers e.g. Early Detection of Childhood Disabilities Center (EDCDC) and Jîn Specialized Center for Children’s Hematology & Oncology.

MEASURES

The questions about the attitudes of the doctors on FM were obtained from the studies published previously in the literature. In this regard, several previously published papers were reviewed and the related questions were determined for this study^{(7) (8)}. The questions were sent to the second and third authors for validation. The questions were included in the study upon validation. The type of specialties along with age and gender were collected in this study as well.

STATISTICAL ANALYSES

The descriptive variables of the study were presented in mean and SD or number and percentage. The attitudes of the medical doctors towards FM were determined in number and percentage. The associations of the attitudes of the medical doctors towards FM with demographic characteristics were examined in the Pearson chi-squared test. The statistical calculations were performed using the JMP Pro 14.3.0. (JMP®, Version 14.3.0. SAS Institute Inc., Cary, NC, 1989–2023).

RESULTS

Table 1: shows the mean age of the medical doctors was 45.42 between 33 and 60 years old divided into four different age groups. Most of the doctors were males (64%) followed by females (36%). We included different specialists in this study, mostly internists (15%), urologists (15%), general surgeons (9%), ENT specialists (10%), pediatricians (10%) and others (41%)

Table 1: General Characteristics of Specialist Doctors

General Characteristics (n=111)	Number	Percentage
Age groups		
30-39	31	27.93
40-49	47	42.34
50-59	31	27.93
60 and over	2	1.80
Gender		
Male	71	63.96
Female	40	36.04
Specialty		
Cardiology	9	8.11
Dermatology	6	5.41
ENT	11	9.91
General surgery	10	9.01
Gynecology	8	7.21
Internal medicine	17	15.32
Neurology	8	7.21
Ophthalmology	7	6.31
Orthopedics	7	6.31
Pediatrics	11	9.91
Urology	17	15.32

Figure 1: illustrates that most of the doctors had a good understanding of what FM (77%) and believed that family doctors could be the main care providers to the patients (73%). The medical doctors believed that family doctors do not undermine the private practice (41%) and reduce the burden on other medical specialists (68%). They believed that the FM has benefits as other specialists to the community (90%) and do not believe that other specialists should have a higher status than family doctors (47%). They

reported that the family doctors are cooperative (63%) and had a good collaboration between them and family doctors (99%). In addition, they did not believe that other specialists needed more than family doctors (53%). The medical doctors had positive aspects towards obtaining the certification by family doctors (57%), consultation through the family doctors (54%), regular link of patients with family doctors (77%), and regular meetings between family doctors and other specialists (86%).

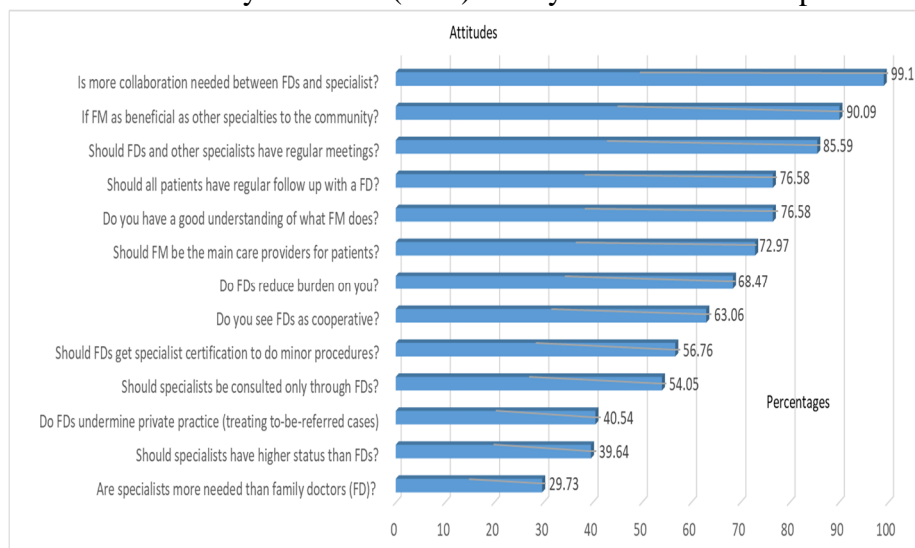


Figure 1: Prevalence of Positive Attitudes of the Medical Doctors towards FM

FAMILY MEDICINE AS SEEN BY OTHER MEDICAL SPECIALTIES

Table 2: shows only one-third of the medical doctors reported that FM locally as good (33%), but a considerable percentage did not have the good aspect toward the patients' care by family doctors (46%) and training of the undergraduate medical students (54%). Eighty two percent (82%) agreed on current

communication being poor between FM and other specialties. These medical doctors on the hand showed different opinions on how communication, should be among them and 72% preferred WhatsApp/Viber as way of exchanging patient's information.

Table 2: Perception and Communication between Family Doctors and Specialists

Rating the FM and communication (n=111)	Rating no (%)		
	Good	Not good	Very good
How would you rate FM locally?	37 (33.33)	70 (63.06)	4 (3.60)
Appreciating role of FM in overall patient care?	48 (43.24)	51 (45.95)	12 (10.81)
FM training for undergraduate medical students.	44 (39.64)	60 (54.05)	7 (6.31)
Communication between FM and other specialties.	16 (14.41)	91 (81.98)	4 (3.60)
Preferred way of communication?			
Emails	21 (18.92)	59 (53.15)	31 (27.93)
Letters	28 (25.23)	49 (44.14)	34 (30.63)
Phone-calls	16 (14.41)	27 (24.32)	68 (61.26)
Viber/WhatsApp	13 (11.71)	18 (16.22)	80 (72.07)

Table 3: shows that the middle age groups were more likely to have negative aspects towards the rating FM in the region compared to young and older age groups (p=0.0162). However, no significant association was found between rating FM locally and gender (p=0.3467) as rating

FM was not high as with female specialists in comparison to male specialist (70% vs 59%). Same results, when it comes to rate FM locally as compared to specialty fields, there were no significant association (p=0.3140) as rating were variable between specialties.

Table 3: Rating FM Locally

Characteristics (n=111)	Rating FM Locally			P (two-sided)	
	Good	Not good	Very good		
Age groups	30-39	12 (38.71)	17 (54.84)	2 (6.45)	0.0162
	40-49	15 (31.91)	31 (65.96)	1 (2.13)	
	50-59	10 (32.26)	21 (67.74)	0 (0.00)	
	60 and over	0 (0.00)	1 (50.00)	1 (50.00)	
Gender	Male	27 (38.03)	42 (59.15)	2 (2.82)	0.3467
	Female	10 (25.00)	28 (70.00)	2 (5.00)	
Specialty	Cardiology	4 (44.44)	5 (55.56)	0 (0.00)	0.3140
	Dermatology	1 (16.67)	5 (83.33)	0 (0.00)	
	ENT	1 (9.09)	10 (90.91)	0 (0.00)	
	General surgery	4 (40.00)	5 (50.00)	1 (10.00)	
	Gynecology	4 (50.00)	4 (50.00)	0 (0.00)	
	Internal medicine	7 (41.18)	8 (47.06)	2 (11.76)	
	Neurology	4 (50.00)	4 (50.00)	0 (0.00)	
	Ophthalmology	3 (42.86)	3 (42.86)	1 (14.29)	
	Orthopedics	2 (28.57)	5 (71.43)	0 (0.00)	
	Pediatrics	5 (45.45)	6 (54.55)	0 (0.00)	
	Urology	2 (11.76)	15 (88.24)	0 (0.00)	

Chi-squared Test was Performed for Statistical Analyses.

Table 4: showing variable responses toward appreciating role of FM in patient’s total care and no strong association of such rating to age, gender or specialty as p-values were all above 0.05. In general

there were low appreciation of FM contribution in patient’s total care. For example, 67% of Dermatologists had low confidence in FM doctors’ participation in patient’s total care.

Table 4: Appreciating Role of FM in Patient’s Care

Characteristics (n=111)		Appreciating Role of FM in Patient’s Care			P (two-sided)
		Good	Not good	Very good	
Age groups	30-39	14 (45.16)	11 (35.48)	6 (19.35)	0.0971
	40-49	19 (40.43)	23 (48.94)	5 (10.64)	
	50-59	14 (45.16)	17 (54.84)	0 (0.00)	
	60 and over	1 (50.00)	0 (0.00)	1 (50.00)	
Gender	Male	31 (43.66)	31 (43.66)	9 (12.68)	0.6486
	Female	17 (42.50)	20 (50.00)	3 (7.50)	
Specialty	Cardiology	5 (55.56)	2 (22.22)	2 (22.22)	0.4187
	Dermatology	2 (33.33)	4 (66.67)	0 (0.00)	
	ENT	4 (36.36)	5 (45.45)	2 (18.18)	
	General surgery	4 (40.00)	6 (60.00)	0 (0.00)	
	Gynecology	4 (50.00)	4 (50.00)	0 (0.00)	
	Internal medicine	6 (35.29)	7 (41.18)	4 (23.53)	
	Neurology	3 (37.50)	2 (25.00)	3 (37.50)	
	Ophthalmology	3 (42.86)	3 (42.86)	1 (14.29)	
	Orthopedics	3 (42.86)	4 (57.14)	0 (0.00)	
	Pediatrics	5 (45.45)	6 (54.55)	0 (0.00)	
	Urology	9 (52.94)	8 (47.06)	0 (0.00)	

Chi-squared Test was Performed for Statistical Analyses.

Table 5: showing variable responses toward training undergraduate medical students, where there was no strong association to age, gender or specialty as p-values were all above 0.05. Overall, there were negative confidence in

signifying FM training for undergraduate medical students. For example, 90% of ENT doctors had low confidence in FM training of undergraduate medical students.

Table 5: Rating FM Training for Undergraduate Medical Students

Characteristics (n=111)		Rating FM Training for Undergraduate Medical Stuc			P (two-sided)
		Good	Not good	Very good	
Age groups	30-39	14 (45.16)	14 (45.16)	3 (9.68)	0.1366
	40-49	17 (36.17)	28 (59.57)	2 (4.26)	
	50-59	12 (38.71)	18 (58.06)	1 (3.23)	
	60 and over	1 (50.00)	0 (0.00)	1 (50.00)	
Gender	Male	30 (42.25)	36 (50.70)	5 (7.04)	0.6320
	Female	14 (35.00)	24 (60.00)	2 (5.00)	
Specialty	Cardiology	4 (44.44)	4 (44.44)	1 (11.11)	0.2060
	Dermatology	1 (16.67)	5 (83.33)	0 (0.00)	
	ENT	1 (9.09)	10 (90.91)	0 (0.00)	
	General surgery	6 (60.00)	3 (30.00)	1 (10.00)	
	Gynecology	3 (37.50)	5 (62.50)	0 (0.00)	
	Internal medicine	6 (35.29)	8 (47.06)	3 (17.65)	
	Neurology	3 (37.50)	4 (50.00)	1 (12.50)	
	Ophthalmology	4 (57.14)	2 (28.57)	1 (14.29)	
	Orthopedics	5 (71.43)	2 (28.57)	0 (0.00)	
	Pediatrics	6 (54.55)	5 (45.45)	0 (0.00)	
	Urology	5 (29.41)	12 (70.59)	0 (0.00)	

Chi-squared Test was Performed for Statistical Analyses.

DISCUSSION

This study showed that most medical doctors from other specialties in Duhok believe in having a good understanding of what FM does and emphasize that FM should be the main care provider to the community as a principle. These specialists also believe that family doctors do not undermine private practice and they do reduce the burden on them. They added that FM is as beneficial as other specialties. While family doctors are cooperative, more collaboration is needed from them. More than half believed their consultation should be through family doctors and regular check-ups and follow-up of patients should be with family doctors. Having regular meetings with one another is essential for sharing each other's plans and strategizing together. Two-thirds of specialists reported that local family doctors are not efficient, and the training of undergraduate medical students in FM is insufficient. On the other hand, they emphasized on the importance of better communication. Middle-age groups were more likely to have negative perception towards FM in the region, compared to young and older age groups ($p=0.0162$).

While 53% of specialists did not believe more specialist needed than family doctors, a recent study in Duhok (2021) indicated that the Duhok governorate is critically short of physicians at PHC centers. Employed medical doctors in the studied PHC centers were 127, while there were 272 posts required to be filled, i.e. a shortage of 145 physicians⁽⁶⁾.

A recent South African research study revealed that the perception of family doctors could be individualized. For example, some of these perceptions were based on their experiences growing up where the "general practitioners were their first call", while others were influenced by meeting pioneers of FM during their

undergraduate training. However, there were a number of participants who had very positive experiences of working with family doctors during their internship or community service⁽²⁾. An older study in Germany showed that predominantly positive opinions do shape the image of Family Doctors from the perspective of specialists. Especially the broad medical knowledge is rated positive. The ability for empathy and a farsighted management of care tailored to the individual patient are appraised as important competencies of a family doctor⁽⁹⁾. Another recent study from India revealed a paradox of theory and reality. The positive attitude, knowledge, and perception towards FM were not reflected in their treatment seeking practice in areas of care, such as childcare (66.2%) and pregnancy (81.6%), where they preferred the services of a specialist. Also, for diabetes (52%) and chest pain (66%) related issues, the patients favored a specialist's care over that of a family doctor⁽¹⁰⁾.

While communication between family doctors and other specialists is essential towards a healthy relationship, it is not in function to the hopes of both sides in city of Duhok. A study from Canada certified communication between family doctors and other specialists is a cornerstone of comprehensive care for patients in the community⁽¹¹⁾. Another study from Germany, revealed that joint training activities such as quality circles could facilitate collaboration between family doctors and specialists. This would help family doctors in recognizing that their image from the perspective of specialists is considered not as negative as assumed and the mutual respect for the work of the other could develop⁽⁹⁾.

LIMITATIONS

This survey was undertaken with confidentiality to maximize transparent

feedback. However, one cannot assure that the answers reflect each participant's actual opinion. A 2013 study from Germany expressed same worries: "when interpreting the data it must be considered that a tendency toward socially desirable answers from the side of the experts cannot be excluded. Indeed, the specialists were informed prior to the interviews that the interviewer was mandated by the Department of General Practice and Health Services Research to carry out the survey. Also, before any questioning the interviewer stressed the fact that the researcher is a medical student with a neutral position and that the respondents should freely and openly think about the job profile of family doctors" (9).

Financial conflicts with family doctors' practices could have significantly influenced genuine responses. Another factor is confusion or lack of proper knowledge of actual role of family doctors in patient care. For example, some specialists may believe family doctors are supposed to only treat simple cases like influenza and gastroenteritis and refer all other cases, not knowing that chronic illnesses are followed up by family doctors most of the duration of their illness. Some specialties may have been over-represented such as urology while pediatrics was underrepresented. The study was only conducted in one city of Kurdistan and is limited to the views of specialists in Duhok. Therefore, the results of this study may not be generalized to other public healthcare institutions in the governorate or region.

CONCLUSIONS

The results of the study show overall positive attitudes towards family doctors from the perspective of specialists. Most specialists believe that FM is playing an important role in community's health. They emphasized that Family Doctors

should be the main care providers to patients. These specialists also acknowledged the role of family doctors in reducing the burden on them. They added that FM is as beneficial as other specialties to the community. Two-thirds of specialists doubted efficiency of local family doctors towards patients' total care, and did not believe in sufficient training of undergraduate medical students. They pointed to lack of proper communication with family doctors. They asked for more communication, especially through social media apps like WhatsApp and Viber, rather than phone-calls or letters.

RECOMMENDATIONS

More surveys are needed especially in rural areas in Duhok governorate or Zakho, maybe Erbil and Sulaimania too. More effective communication and productive collaboration are very vital factors in strengthening the relationship between FM and other specialties. Moreover, they feed a team work spirit so patients get maximum quality care. Future research should focus on finding practical ways of communication and collaboration like regular meetings, keeping each other posted about the updates of patients' case progress, sharing care-plans. Funding should be provided to pioneer innovative approaches to improving communication. Increased time dedicated to FM rotations in medical school and post-graduate training. FM supervision of post-graduates during their rural rotation.

ACKNOWLEDGEMENTS

We would like to acknowledge all the staff of Duhok Directorate General of Health who willingly participated in this survey.

CONFLICT OF INTEREST

The authors declared that they have no affiliation with any parties academic or others in preparing this study

REFERENCES:

1. AAFP, American Academy of Family Physicians, FM-definition. [Online] 2019. [Cited: September 22, 2023.] <https://www.aafp.org/about/policies/all/family-medicine-definition.html>.
2. Mukhinindi, Rihangwele and Ross, Andrew J. Perceptions of Specialists in the Public Sector, on the Role and Value of Family Medicine. s.l. : South African Family Practice, 2022.
3. AAFP, American Academy of Family Physicians, role-definition. [Online] 2019. [Cited: September 22, 2023.] <https://www.aafp.org/about/policies/all/role-definition.html#Role%20Definition%20of%20Family%20Medicine>.
4. Paidi, Gokul, et al. Need of the Hour: Family Medicine in India. s.l. : Paidi G, Beesetty A, Lahmar A, et al. (April 29, 2022), 2022.
5. AAFP, American Academy of Family Physicians, FM-speciality. [Online] 2023. [Cited: September 22, 2023.] <https://www.aafp.org/about/dive-into-family-medicine/family-medicine-speciality.html>.
6. Al-Dabbagh, Samim Ahmed, , Sulaiman, Hushyar Musa and Abdulkarim, Nazik Abdulrahman. Workload Assessment of Medical Doctors at Primary Health Care Centers in the Duhok Governorate. s.l. : Hum Resour Health 2022, 19(Suppl 1):117, 2021. p. 7.
7. The perceptions and attitudes of medical doctors towards family medicine in Duhok City-Iraq. Taher, Haval Ali and Dauod, Ali Shakir. 1, 2020, Journal of Kurdistan Board of Medical Specialties, Vol. 6, p. 6.
8. The Perception of Graduates of Duhok College of Medicine About Family Medicine. Ahmed, Saeid Khezer, MBChB, HDFM, SANAAAN, Rajab H., MBChB, MSc, BFM HOLLAND and ABDULAH, Deldar Morad, BSc, MSc. 1, 2017, Duhok Medical Journal, Vol. 11, p. 14.
9. Probst, Anna, et al. Family Doctors Seen through the Eyes of Specialists: A Qualitative Study. International Journal of Family Medicine. May 2013, p. 6.
10. Knowledge, Attitude, and Practice of Patients, Visiting A Private Primary Level Health Care Facility Towards Family Physicians. Dasappa, Hemavathi, et al. 6, 2023, Journal of Family Medicine and Primary Care, Vol. 12, p. 5.
11. Wilson, Margo M, et al. Rural Family Physician Perspectives on Communication with Urban Specialists: A Qualitative Study. s.l. : BMJ Open 2021;11:e043470, 2021.

پوخته

نوژداریا خیزانی ب دیتنا تایبەتمەندی دی یین نوژداریا

پێشەکی و نارمانج: دیتنا نوژدارین تایبەتمەند نەبیت خیزانی ل سەر قی باپەتی نەهاتیە شلوقەکرێ ب درستی ل هەریم کوردستانی. نارمانج ژ قی فەکولینی نەفەیه دیار کرنا فان دیتنا و رەفتارا، هەرۆسا پەپۆهەندی دگەل نوژدارین خیزانی، و هەکە هاریکاریەکا زێدە پیتقی یە.

ریکین فەکولینی: پرسیار هاتنە کرن ژ نوژدارین تایبەتمەند نەوین کار دکەن ل ساخلمیا پارێزگەها دهوک، کو 111 کەس بوون، هەمی نوژدارین کلینیکی بوون، کارمەندی ساخلمیا پارێزگەها دهوک نە. سەرەدان سپێدەهیا بوون، هەندەک رۆژین حەفتین (هەکە دەلیقە هەلکەفت) ژ نادرا 2022 تاکو نادارا 2023.

نەجام: حەفتی و سێ ژ سەد ژ نوژدارین تایبەتمەند گوتی یا فەرە نوژدارین خیزانی رابن ب نەرکی سەرەکی بو چاقدیریا نەخوشا. 41% هزرا کارتیکرنا نوژدارین خیزانی بو کلینیکین تایبەت نە هاتە هەلوەشاندن. 68% بەس پا نەو بارێ نوژدارین تایبەتمەند سڤک دکەن. 63% گوتی نوژدارین خیزانی هاریکارن. و زووریە ی وان (99%) گوتی هیشتا هاریکاری یا پیتقی یە. 54% د گەل هندی بوون چوونا ل دەف نوژدارین تایبەتمەند پیتقی یە ب ریکا نوژدارین خیزانی بن. هەرۆسا 86% پشەفانا گریدانا کومیوونا دنایبەرا وان و نوژدارین خیزانی. سیکا وان (33%) هزەکا باش دکەن ژ نوژداریا خیزانی. بەس پا 43% دبینن کو رۆلی نوژداریا خیزانی بو چاقدیریا نەخوشی یین باشە. پترین وان (82%) د بینن پەپۆهەندی د گەل نوژدارین خیزانی نەیا باشە.

دستکەفین فەکولینی: نەف فەکولینە دیار دکەت نوژدارین تایبەتمەند رەفتارین پوزوتیف هەپوون سەبارەت نوژداریا خیزانی (ب شیوەکی گشتی)، بەس باوهریەکا کیمتر هەبو ب نوژداریا خیزانی ل دەقەرێ، هەرۆسا کارێ وان، پەپۆهەندی دگەل وان و هاریکاری دنایبەرا وان. نوژدارا گوتی پیتقی یە پەپۆهەندی باشتر بیت، و هاریکاری پتر بیت لێ رۆژین نیزیکی

الخلاصة

طب العائلة بمنظور الإختصاصات الطبية الأخرى

الخلفية والأهداف: تصورات أطباء الإختصاص غير أطباء الأسرة حول هذا الموضوع لم تمحص بالقدر الكافي في إقليم كوردستان. الهدف من هذه الدراسة هو استكشاف هذه التصورات والمواقف، وكذلك التواصل مع أطباء الأسرة، ولمعرفة الحاجة الى المزيد من التعاون.

اساليب البحث: أجري إستفتاء بياني على أطباء الأختصاصات السريرية العاملين في المستشفيات العامة والتعليمية و مراكز التخصص الطبي العائدة لدائرة صحة محافظة دهوك، وكانوا 111 طبيبا، كلهم أطباء إختصاص سريريون و موظفون في دائرة صحة محافظة دهوك. الزيارات كانت في الصباح من بعض أيام الأسبوع المنفرقة حسب إتاحة فرصة الزيارة، وذلك من آذار عام 2022 الى آذار عام 2023.

النتائج: ثلاث و سبعون بالمئة من أطباء الإختصاص ذكروا ضرورة قيام أطباء الأسرة بالنصيب الأكبر من الرعاية الصحية للمرضى. 41% فكرة عدم تعارض أطباء الأسرة مع مهام العيادات الأهلية لم تفند، وأكد 68% بأن أطباء الأسرة يخفقون الحمل على أطباء الإختصاصات الأخرى. مع أن 63% ذكروا أن أطباء الأسرة متعاونون، فإن الأغلبية (99%) أقروا باحتياجية المزيد من التعاون. فقط 54% دعموا ضرورة إستشارة أطباء الإختصاص عن طريق أطباء الأسرة (الإحالة). كذلك 86% يشجعون إجراء اجتماعات دورية بينهم وبين أطباء الأسرة. ثلث اطباء الأختصاص (33%) يقيمون طب الأسرة جيدا. و فقط 43% يرون أن دور أطباء الأسرة في رعاية المريض جيد. أغلب أطباء الإختصاص (82%) يرون التواصل بينهم وبين أطباء الأسرة غير جيد.

الإستنتاج: هذه الدراسة بينت أن لأطباء الإختصاص مواقف ايجابية حول طب الأسرة (بصورة عامة) ولكنهم أقل ثقة بطب الأسرة محليا، وكذلك ممارساته والتواصل والتعاون معه. وأكدوا على ضرورة الحاجة إلى تواصل أفضل وتعاون أكثر في المستقبل القريب.