

THE PERCEPTION OF GRADUATES OF DUHOK COLLEGE OF MEDICINE ABOUT FAMILY MEDICINE

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ABSTRACT

Background: There is the shortage in the number of family doctors in this region and across the world. The perception of medicine graduates toward family medicine as a career may provide information on the future supply of family doctors in Kurdistan region of Iraq. The perception and specialty preferences of graduates of Duhok College of Medicine toward family medicine were examined in the current study.

Subject and Methods: A cross-sectional study involving 131 medical graduates aged 24-29 years old of last three years from University of Duhok, College of Medicine working in Duhok governorate hospitals and its primary health centers was applied. Data were collected by the use of an anonymous self-administered questionnaire in English. Descriptive and analytic statistical methods were performed to find out the various aspects of the medical graduates' preferences toward family medicine.

Results: The number of participants was 131 medical graduates included 59.5% males and 40.5% females. The study revealed that the mean age of the sample population was 26.31 ± 1.36 years. The preferred medical specialties were radiology (40.5%), pediatrics (40.5%), internal medicine (33.6%), and general surgery (32.8%) by both genders. The lowest interest was shown toward the family medicine (10.0%) compared with other medical specialties. Working time (72.5%), prestige (66.9%), and patient interaction (65.6%) have been the most important aspects of their specialty selection in both genders. The majority of them stated that family medicine is poorly valued by our society (79.4%), family doctors have limited career possibilities (43.5%). The family medicine was poorly valued in our society because it does not able to increase the private job opportunities ($p=0.003$), is not very attractive ($p=0.015$), have limited career possibilities ($p=0.006$). Moreover, the graduates did not show their interest towards family medicine because it does not provide the salary as high as other medical fields in our society ($p=0.018$).

Conclusions: The medical graduates have currently a positive perception of family medicine as an essential clinical specialty in the region; however, they showed low interest in its selection as a future career. Numerous essential steps recommended to be done to reach the sufficient number of family doctor that would fulfill the need of our community.

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Undoubtedly the quality of health care system of a country depends on the efficiency of its primary health care system. Powerful primary health care services certainly is cornerstone of a

prosperous health care system. The Family Medicine (FM) approach to Primary Health Care (PHC) is useful and cost-effective to patients and country.¹ Indeed, the "gatekeepers" of PHC systems are

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Family doctors.² Family doctors on the average are capable of managing 85% of health problems of families efficiently.³ Family doctors have unique skills, attitudes and information, which characterize them to deliver continuing and comprehensive health care, health maintenance and preventive facilities to each member of the family irrespective of age, sex or sort of problem. Because of their background and connections with the family, they are best skilled to work as each patient's advocate in every health-related problems, including the precise use of health services, consultants, and community resources.⁴

In Iraq, primary health care services are delivered through a network of about 1900 PHC centers. Lately, efforts were made to advance the practice of primary health care to include the family health model with WHO support.⁵

Currently, in Iraq, including Kurdistan region, medical graduates are undergoing one year of obligatory work in PHC in urban or rural areas following two years of rotation in general health settings and emergency hospitals after that they are either becoming general practitioners or go into residency training where they prefer or approve. The real situation of FM as a medical specialty and as a career option still is unclear in Kurdistan region. Those medical graduates who choose FM have not sufficient understanding level of this discipline and face to some difficulties.⁶

The shortage of family doctors in the area leads to difficult access to care, overworked doctors, and longer waiting times for patients. A large number of patients visit general hospitals, resulting in cost and burden on the health care system.

This is part of the problem for sustaining the quality of care and suitable staffing of PHC units. FM is a key to these problems. The inadequate number of the family doctors is an obstacle for the improvement of PHC system in the region.^{7,8}

Choosing a specialty is one of the gravest decisions for medical graduates. On a personal level, it defines lifetime career achievements and for the community, it straightly affects the outcome of public health programs.⁹ As regards to FM, its limited power of attraction is the product of numerous factors. These factors could point a wide range, such as medical curricula, specialty characteristics, personal interest and even cultural and social values.¹⁰

The perception of medical graduates in Kurdistan region towards FM has not been investigated yet. Understanding their perception towards FM is a key to focus on developing strategies that might encourage more students to enter into the FM specialty. The aim of this study is to assess the perception and specialty preferences of graduates of Duhok College of Medicine toward family medicine.

PATIENTS AND METHODS

A cross-sectional study design with a conventional method of sampling was taken from the graduates of College of Medicine, University of Duhok. The study was conducted in public health facilities in Duhok province, including hospitals and PHCs in metropolitan and the rural areas in Zakho, Semel, Amedi, Akre, Bardarash and Shekhan districts.

The attempt was to expand in order to reach more number of graduates of Duhok College of Medicine in which 131 of 154

graduated doctors between 2013 and 2015 were included in the study. The residents or medical fellowship students or graduates working outside Duhok governorate borders were not invited into the study.

An English anonymous self-administered questionnaire designed for FM modified by an expert in community medicine was selected to conduct the study. The Cronbach α of 0.741 was found for the questionnaire. The data collection was started on 1 May 2016 until 31 July at the same year. The addresses of graduates were obtained from the Planning Department in Duhok Health Directorate and were met to hand over the questionnaire personally and the requested items in the questionnaire were explained.

Of 154 disseminated questionnaire, 131(85%) of them were returned by medical graduates and were analyzed for the study objectives. The items included into the questionnaire were demographic and socioeconomic characteristics, specialty preferences, the possible responsible factors for choosing a future career including salary, prestige, working times, patient interaction, treating patients, working in prevention, only inpatient work, possibility to work in abroad, avoiding problems that are created by patients.

The initial data were entered into SPSS version 18:00 for study analysis. The Socio-demographic characteristics of the participants, the graduates' perceptions toward FM and other medical fields were examined through the descriptive statistics. The association between graduates' interest towards the family medicine and poorly valued family medicine in society

with general aspects towards the family medicine were examined through Fishers' Exact Test and chi-square, respectively. The p-value equal to or less than 0.05 considered as statistically significant. The approval for conducting this study was obtained from the local Health Ethics Committee in Duhok General Directorate of Health.

RESULTS

The study sample comprised eighty patients; 58(72.5%) males and 22(27.5%) females. The mean age of the studied groups was 33.52 years; 29.55 years for males and 44years for females. (Table1):

Table 1: Frequency distribution of medicine graduates' characteristics (n=131)

Medicine Graduates' Characteristics	Percentage (%)
Gender	
Male	59.5
Female	40.5
Marital Status	
Single	67.2
Married	32.8
Mother's Education Level	
Illiterate	22.9
Primary School Graduate	22.9
Secondary School Graduate	18.3
College Graduate	34.4
Postgraduate	1.5
Father's Education Level	
Illiterate	6.9
Primary School Graduate	21.4
Secondary School Graduate	15.2
College Graduate	50.4
Postgraduate	6.1

The medicine alumni did not show their interest toward the family medicine (10.0%) and community medicine (10.7%) in contrast to their greatest willing to pediatrics (40.5%) and radiology (40.5%). The working time, prestige, and patient

THE PERCEPTION OF GRADUATES OF DUHOK COLLEGE OF MEDICINE

interaction were mentioned by the majority of them as the interest reasons toward the medical specialties' choice, 72.5%, 66.9%, and 65.6%, respectively.

Moreover, more than half of them (58.8%) and close to half (48.9%) put their fingerprint on salary and working outside Iraq, respectively to choose their future medical field. The study revealed that the majority (77.1%) did not mention having only inpatient in medical wards as their interest aspect to choose their future medical specialty (Table 2).

With respect to general aspects towards family medicine in the community and

medical doctors, the majority of participants stated that the family medicine is a poor valued specialty in the society (79.4%) and close to half (47.3%) called the family medicine as a poor valued field by other medical doctors as well. The interesting point was that more than half of them (55.7%) believed that family medicine does not enhance the private job opportunities for medical doctors. The study found that the family medicine was not attractive by approximately half of the participants(46.6%).

Table 2: Interest and factors of medicine graduates toward different medical specialties (n=131)

Interest and Factors of Medical Specialties	Percentage (%)	
<u>Interest toward medical specialties</u>	<u>Interest</u>	<u>No Interest</u>
Pediatrics	40.5	59.5
Radiology	40.5	59.5
Internal Medicine	33.6	66.4
General Surgery	32.8	67.2
Family Medicine	28.2	71.8
Dermatology	20.3	79.7
Obstetrics and Gynecology	20	80
Community Medicine	10.7	89.3
Orthopedics	10	90
Psychiatry	5.4	94.6
<u>Factors of interest toward medical specialties</u>	<u>Yes</u>	<u>No</u>
Working Time	72.5	27.5
Prestige	66.9	33.1
Patients' Interaction	65.6	34.4
Salary	58.8	41.2
Work Abroad	48.9	51.1
Avoiding Problems Creating by Patients	41.2	58.8
Working in Prevention	34.4	65.6
Treating Patients	33.6	66.4
Only Inpatient Work	22.1	77.1

The majority of graduates (62.6%) agreed with the aspect that family doctors should have the same prestige as other specialists and 71.8% of the participants agreed that other specialties must be controlled and

coordinated through family doctors. In addition, they did not agree that the health system requires more narrow specialties such as surgery, pediatrics, etc. rather than family medicine (54.2%) (Table 3).

Table 3: General aspects toward family medicine and its comparison with other medical specialties (n=131)

General aspects and Comparison aspects	Percentage (%)		
	Agree	Undecided	Disagree
<u>General aspects toward family medicine</u>			
Resident doctors do not well know what the family medicine is about	32.1	40.5	27.5
Family medicine is poorly valued in our society	79.4	10.7	9.9
Family doctors are poorly valued by other medical doctors	47.3	34.4	18.3
Working in family medicine is not very attractive	46.6	31.3	22.1
Family doctors have limited career possibilities	43.5	38.9	17.6
Family medicine is not boosting private work.	55.7	26.7	17.6
It is difficult to become a good family doctor because it is such a wide field	32.8	26.0	41.2
<u>Comparison aspects</u>			
Family doctors should have the same prestige as a specialist	62.6	20.6	16.8
Family doctors should receive salary as high as narrow specialists	44.3	29.7	26.0
When treating a patient with chronic diseases, family doctors should request additional support from a specialist	67.2	17.5	15.3
Access to specialist should be controlled and coordinated by family doctors	71.8	17.6	10.6
Narrow specialists (e.g. surgeons) are more needed than family doctors	28.2	17.6	54.2

The study analysis revealed that the medical alumni show their interest towards family medicine if the family doctors receive a salary as high as other specialists ($p=0.018$). On the other hand, other general aspects toward family medicine or comparison perspectives did not show the relationship of interested in family medicine, as shown in the Table 4.

The factors related to poorly valued FM in our society were examined aftermath. The analysis did not show any association with prestige ($p=0.366$), salary ($p=0.941$), and need to more narrow specialties than FM ($p=0.795$).

Moreover, the factors related to poorly valued family medicine among other medical specialties were scrutinized through the statistical analysis. The study analysis showed that inability of family medicine to boost or enhance the private job opportunities ($p=0.003$), not attractiveness of the FM ($p=0.015$), and having limited career possibilities ($p=0.006$) in this region are the related factors with the poor specialty. While, it was not poorly valued by prestige ($p=0.366$), salary (0.941), need or not need more narrow specialties ($p=0.795$), as shown in the Table 4.

THE PERCEPTION OF GRADUATES OF DUHOK COLLEGE OF MEDICINE

Table 4: The association of general aspects toward family medicine and its comparison with other specialities with interest to family medicine

General aspects toward family medicine	Graduates' Interest to Family Medicine F (%) ***		p-value (two-sided)
	Yes	No	
People in our community do not know what family medicine is about	13 (100)	86 (73.5)	0.162**
Resident doctors do not well know what the family medicine is about	3 (23.1)	38 (32.5)	0.708**
Family medicine is poorly valued in our society	13 (100)	91 (77.8)	0.287**
Family doctors are poorly valued by other medical doctor	6 (46.2)	56 (47.9)	0.503**
Working in family medicine is not very attractive	6 (46.2)	55 (47.0)	0.807**
Family doctors have limited career possibilities	6 (46.2)	51 (43.6)	0.970*
Family medicine is not boosting private work.	5 (38.5)	68 (58.1)	0.264**
It is difficult to become a good family doctor because it is such a wide field	4 (30.8)	39 (33.3)	0.190**
Family doctors should have the same prestige as a specialist	9 (69.2)	73 (62.4)	0.169**
Family doctors should receive salary as high as narrow specialists	10 (76.9)	48 (41.0)	0.018**
General aspects toward family medicine	Family Medicine is Poorly valued in society F (%)		p-value (two-sided)
	Agree	Disagree	
Family doctors should have the same prestige as a specialist	69 (66.3)	6 (46.2)	0.366**
Family doctors should receive salary as high as narrow specialists	46 (44.2)	5 (38.5)	0.941*
Narrow specialists (e.g. surgeons) are more needed than family doctors	28 (26.9)	4 (30.8)	0.795*
Working in family medicine is not very attractive	53 (51.0)	1 (7.7)	0.015*
Family doctors have limited career possibilities	49 (47.1)	1 (7.7)	0.006*
Family medicine is not boosting private work.	61 (58.7)	3 (23.1)	0.003*

*Chi-square and ** fishers' exact test were performed for the study analysis.

***The general aspects were classified as agree, undecided, or disagree in the questionnaire. We included the frequency and percentage of agree in each column of yes or no of interest toward family medicine.

DISCUSSION

Countries with solid primary health care system framework have remarkably better health results, less unnecessary deaths, and lower expenditure than those with underprivileged primary care system.¹¹ Surely, low and middle-income countries similar to high-income countries, encounter a growing prevalence of non-communicable diseases. A proper PHC

services are vital to future needs in order to provide fruitful management of chronic illness such as diabetes, hypertension, cardiovascular disease and stroke.¹² Family doctors are certainly the most suitable doctors to be positioned in PHCCs. In order to find out a solution to the increasing shortage of family doctors in many countries, it is vital to stay up-to-date with the definitive reasons why young

doctors choose or refuse the FM specialty.¹³

Choosing medical specialty as a career by medical graduates has become an important matter to governments and universities in many countries across the world to establish a correct balance of clinical specialists to meet the needs of their populations.¹⁴ Regarding the current study, we found that radiology (40.5%), pediatrics (40.5%), internal medicine (33.6%), and general surgery (32.8) were four most preferred medical specialties with taking into consideration of both gender graduates.

The similar results were published in the literature with respect to the interest toward medical specialties, for instance, Al-Mendalawi¹⁵ in a research conducted amongst last year medical students at Al-Kindy College of Medicine, University of Baghdad reported the general surgery, internal medicine, pediatrics and obstetrics and gynecology as their preferred specialties with no higher interest to basic medical sciences. The basic medical sciences such as human anatomy, medical biochemistry, medical physiology, etc. were not examined in our study. Personal interest and high salary expectation of the mentioned medical fields were the related factors to their interest.

Interest toward medical specialties could be different in male and female graduates

as Al-Mendalawi¹⁵ mentioned empathy and religious and economic values behind their gender preference of interest to the medical specialties. For instance, female GPs are less interested in to be a specialist in hospital due to not having support from their partners or families compared to males. Cultural and religious issues might be blamed for avoiding male graduates to choose some specialties such as obstetrics and gynecology, particularly in some conservative societies of Middle East countries.¹⁶

In the current study, the female graduates showed more interest in FM specialty (7.7%) compared to male graduates (3%). Perhaps, this might be due to the possibility of having better balanced lifestyle and role of family when choosing FM as career than selecting surgical careers.^{17, 18} However, Mehmood "et al"¹⁹ showed the higher interest of males (2.97%) toward FM compared to females (2.32%) in King Khalid University, College of Medicine in Saudi Arabia. Although, our study did not intend to follow up these graduates to see what will be their exact future career preferences, it would be worthy, if we could observe them what specialty will they choose in the future. The graduates may show their more interest in FM specialty if it is expected to work in primary health centers of the region. Taking into account the difference

between males and females interest toward FM and both of them together, it is necessary to mention that this interest is very low in comparison with other medical specialties.

The interest toward family medicine was 10.0% in our study sample compared to 90% of non-interest, however, others reported lower prevalence than this one as well. For example, Mehmood "et al"¹⁹ reported just 2.7% of interest of senior medical students toward family medicine. The author mentioned that FM is currently one of low popular specialties in Saudi Arabia despite shortage of Saudi PHC doctors and the country might still depend on foreign working force of family doctors in the future¹⁹ similar to results reported in Egypt (4.7% interest)²⁰ and in Greece (4.3% interest).²¹

Many factors seemed to inspire the undergraduates' students to select a future medical specialty. When recognized, these factors may be controlled by educators of undergraduates and managers of residency training program to encourage them to choose the need to medical specialties.²² Regarding the factors related to poorly valued the family medicine in society, our study revealed that the medical graduates showed their interest in family medicine with expect that the family doctors receive salary as high as narrow specialists (p=0.018). In addition, other medical

specialists value the family medicine poorly due to inability of family medicine to boost or enhance the private job opportunities in this region (p=0.003) as shown by Fevzi "et al"²³ in a study in Turkey as well.

This is not unexpected finding as it might be related to the fact that in many countries, particularly middle east countries, one person particularly males are chiefly in charge of supporting family rather than female populations. Besides, it could be due to the lengthy period required for a medical education, when the junior doctors go into the workforce; they are relatively older in contrast to those in non-medical careers like teachers, as a result, have less time to be settled. Thus, to compensate the lost time to establish living, the medical graduates might be more interested in well-paid medical specialties as confirmed by Sahebari "et al"¹⁸ in a study among 354 residents in Mashhad University of Medical Science in Iran. In addition, the major clinical specialties in the region receive extra money for being on call in general or emergency hospitals while family doctors only receive their fixed salary. Logically, staff are reactive to salary issues because of its influence on living standards and providing a sense of safety. In this regard Mishari "et al"²⁴ showed that majority of doctors worked in PHCs (60%) were

considerably dissatisfied with their payments. Therefore, planning and performing fruitful policies to meet doctors' needs in order to grow the quality of PHC provided to the majority of ill people every day by health system policymakers would be suggested²⁴ as recently applied by many countries through the increase salary of family doctors.^{21, 24}

The results of the current study showed that FM is not able to boost the private job as other medical specialties. The private job raises the monthly income of doctors apart from family doctors. Nowadays, the private job in Kurdistan Region-Iraq encompasses important aspect due to not having a clear border between public and private health sectors. Therefore, the majority of medical specialists accept to receive management of medical conditions in the public sector to increase their private job opportunity in their community.

Furthermore, the data revealed that FM might be poorly valued among other medical specialties because it is not having sufficient capacity in boosting private work in the Kurdistan Region. We could say that graduates did not select FM as a career, are searching a superior chance in job opportunity in the private sector. Not having a clear border between public and private health sectors may have been the related factor to the poor value of FM

compared to other medical specialties, because FM is not a specialty to increase monthly income through job opportunity in private sector. Having their own private clinic outside public health sector has been a good and independent resource of financial support to doctors due to not having strict and logical tax system in Kurdistan Region.

However, numerous published survey data found increase the proportion of family doctors who feel overworked, pressure, unsatisfied with FM practice in recent years.²⁵ The perfect balance of clinical, educational, and community-oriented roles of the family doctor requires a further assessment to make the task of family doctors realistic and praiseworthy. This issue needs to be articulated more by policy makers and implementation strategies and family doctors themselves.²⁶

Although, it might be reasoned that the specialization preferences demonstrated in this study might change during clinical practice, the results point to the considerable difference between the level of graduates' interest in FM specialty and healthcare system's need for family doctors. Such a condition necessitates making intensive educational efforts aimed at medical students and policy makers to make work in the PHC sector more attractive. In this respect, we emphasize that our study is worthy to be continued

with a further assessment of graduates when they will choose their actual specialty.

The most preferred specialties of medical graduates of College of Medicine, University of Duhok were radiology, pediatrics, internal medicine, and general surgery. The medical graduates have currently a positive perception of FM as an essential clinical specialty in the region, in spite of low interest in as a future career. The medicine graduates did not show their interested in family medicine specialty due to not enhancing the job opportunities in private sector and lower salary in contrast to other medical specialties. It is necessary that Ministry of Health of Kurdistan Region provide more job opportunities for the family medicine graduates to raise the medical alumni's interest toward family medicine.

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ثوخته

تیگه هشتنا دەرچووین کولیزا پزیشکی یا دهوک لدور نوژداریا خیزانی

پیشهکی و نارمانج: جیهان ب گشتی و دهقرا روژهلالاتا ناڤین ب تایبەر روبهرویی کیمیا نوژدارین خیزانی یه. تیگه هشتنا دەرچووین نوژداری لدور نوژداریا خیزانی (پزیشکیا خیزانی) و مکو پیشه، رهنکه زانیاری بین گرینگ لدور دستهبر کرنا نوژدارین خیزانی بین پیدقی ل همریما کوردستانا عیراقی روون بکمت. تیگه هشتن و حمزین دەرچووین کولیزا پزیشکی - زانکویا دهوک لدور نوژداریا خیزانی ل فهکولینی هاتن لیکولین کرن.

ریکن فهکولینی: فهکولینهکا نمونه قمبر پیک هاتی ژ ۱۳۱ دەرچووین پزیشکی د تمهین ۲۴ حمتا ۲۹ سالی لناف دەرچووین پیش سئ سالان ژ کولیزا پزیشکی - زانکویا دهوک کو کاردکن ل نه خوشخانه و بنگه هین ساخلمی بین پاریزگه ها دهوک هاته نهجام دان. زانیاری ژ ریبا بکارئینانا پرسنامیهکا ئینگلیزی هاتن کوم کرن. شیومین نامارا شروقیی و راقیبی ب مهرما زانینا دیتنن جودا جودایین حمزین دەرچووین نوژداری لدور نوژداریا خیزانی هاتن بکارئینان.

نهجام: ژمارهیا دەرچووین نوژداری ژ ۱۳۱ کسان پیک هات و ۵۹,۵٪ ژ رهگزی نیر و ۴۰,۵٪ ژ رهگزی می بون. فهکولینی نیشان دا کو ناقهنا تمهین پشکداربووان $26,31 \pm 1,36$ بو. تیشک ناسی (۴۰,۵٪)، نوژداریا زاروکان (۴۰,۵٪)، نوژداریا دل و هناقان (۳۳,۶٪)، و نوژداریا نهشتهرگمیا گشتی (۳۲,۸٪) ژ پرهمترین پسپوری بین نوژداری بون. کیمترین ناستی حمزا دەرچووین لدور نوژداریا خیزانی بو (۱۰,۰٪) ل همبهر ۹۰,۰٪ کو هیچ حمزهک ب نوژداریا خیزانی نیشان نهدا. دهمی کارکنی (۷۲,۵٪)، نافودنگی (۶۶,۹٪)، و تیکهلی دگهل نهخوشان (۶۵,۶٪) ژ گرینتین دیتنن دەرچووین لدور هلبزارتنا پسپوری نوژداریا پیشهروژی ل همر دوو رهگزان بون. نوژداریا خیزانی ل جفاکا مهدا کیم بها یه ژبهر وئ یهکی کو دهرهتین کارین تایبته زیده ناکمت ($p=0,003$)، بالکیش نینه ($p=0,015$)، دهرهتین کاری بین کیم همیه ($p=0,006$). همرهسا دەرچووین حمز ب نوژداریا خیزانی نهبو چونکو موچهیهکی و هک پسپوری بین دیتن نینه ($p=0,018$).

دهرنهجام: دەرچووین نوژداری دیتن و تیگه هشتنهکا نهرینی لدور نوژداریا خیزانی و مکو پسپوریا نوژداریا پیدقی همیه. همرچهنده حمزا خو بو هلبزارتنا نوژداریا خیزانی و مکو پیشهیا پیشهروژی نیشان نهدا. گهلهک بینگاقین پیدقی ژبو گه هشتن ب ژمارهیا نوژدارین خیزانی پیویست ب مهرما دابین کرنا پیدقی بین کوملهگه ها دهینه پیشنیار کرن.

پهیقین سه رهکی: نوژداریا خیزانی، تیگه هشتن، عیراق، دهوک

الخلاصة

نظرة خريجي كلية الطب/ دھوك نحو طب الأسرة

الخلفية والهدف: نظرا لنقص عدد أطباء الأسرة في هذه المنطقة وفي جميع أنحاء العالم. نظرة الطبيب المتخرج نحو طب الأسرة على النحو الوظيفي، قد توفر معلومات عن العرض المستقبلي لأطباء الأسرة في إقليم كردستان العراق. وقد تم دراسة نظرة والتفضيلات التخصصية لخريجي كلية الطب في دھوك تجاه طب الأسرة في الدراسة الحالية.

طرق البحث: تم تطبيق دراسة مستعرضة تشمل 131 من خريجي كلية الطب جامعة دھوك الذين تتراوح أعمارهم بين 24-29 سنة خلال السنوات الثلاث الماضية الذين يعملون في مستشفيات محافظة دھوك ومراكز الرعاية الصحية الأولية. تم جمع البيانات عن طريق استخدام استبيان يتم ملاحظتها ذاتيا باللغة الإنجليزية. تم استخدام الأساليب الإحصائية الوصفية والتحليلية لمعرفة الجوانب المختلفة لرغبات خريجي الطب تجاه طب الأسرة.

النتائج: بلغ عدد المشاركين (131) متخرج من كلية الطب منهم 59.5% من الذكور و 40.5% من الإناث. وكشفت الدراسة أن متوسط عمر أفراد العينة هو 26.31 ± 1.36 سنة. وكانت التخصصات الطبية الأكثر تفضيلا الأشعة (40.5%)، طب الأطفال (40.5%)، الطب الباطني (33.6%)، والجراحة العامة (32.8%) من كلا الجنسين. وقد أظهرت اهتماما أقل نحو طب الأسرة (10.0%) مقارنة مع التخصصات الطبية الأخرى. وقت العمل (72.5%)، تأثير (66.9%)، وتفاعل المريض (65.6%) كانت أهم جوانب اختيارهم التخصص في كلا الجنسين. وغالبيتهم ذكروا أن طب الأسرة لا يقدره مجتمعنا بشكل كاف (79.4%)، و ذلك لأن أطباء الأسرة لديهم امكانيات مهنية محدودة (43.5%). وطبيب الأسرة في مجتمعنا لا يستطيع زيادة فرص العمل الخاصة (0.003 = p)، ليس مرغوبا بشكل كافي (0.015 = p)، لديه إمكانيات مهنية محدودة (0.006 = p). وعلاوة على ذلك، لم يظهر الخريجون اهتمامهم بطب الأسرة لأنه لا يوفر رواتب عالية مثل المجالات الطبية الأخرى في مجتمعنا (0.018 = p).

الاستنتاجات: إن خريجي كلية الطب لديهم حاليا تصور إيجابي نحو طب الأسرة باعتباره التخصص السريري الأساسي في المنطقة؛ ومع ذلك، فإنهم أظهروا رغبة قليلة في اختيارها كمهنة المستقبل. خطوات أساسية عديدة أوصى أن يتم الوصول إلى عدد كاف من أطباء العائلة التي من شأنها تلبية الحاجة في مجتمعنا.