

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Screening tests among family doctors: do we do as we preach?

R. Peleg^{a,b,*}, A. Ostermich^{a,b}, V. Gienco^{a,b}, E. Portughez^{a,b}^a Department of Family Medicine, Sial Research Center for Family Medicine and Primary Care, Faculty of Health Sciences, Ben Gurion University of the Negev, Beer-Sheva, Israel^b Clalit Health Services Southern Region, Beer-Sheva, Israel

ARTICLE INFO

Article history:

Received 29 June 2011

Received in revised form

3 September 2012

Accepted 19 December 2012

Available online 16 February 2013

Keywords:

Family doctors

Screening tests

Disease prevention

Detection

SUMMARY

Objective: To assess the attitudes and practices of family doctors from Southern Israel and their relatives concerning screening tests and disease prevention.

Study design: Cross-sectional survey.

Methods: Personal interview using a questionnaire that included sociodemographic data and questions related to family doctors' compliance with screening tests for early detection.

Results: One hundred and thirty-eight of 226 eligible doctors (61%) participated in the study, and 81 of them were female (58.7%). Most of the doctors ($n = 82$; 59.4%) reported a strong belief in the importance of screening tests, but only 27.5% ($n = 38$) actually underwent these tests themselves. The main reason for non-compliance was lack of time ($n = 50$; 55.6%). Older doctors (age ≥ 50 years) were more likely to have undergone lipidograms than younger doctors ($P = 0.013$). There were no significant differences in the attitudes of family medicine residents and experts in attitudes to screening tests. Only 64 (46.4%) doctors had received an influenza vaccination over the previous year, and this was significantly more common among residents than experts ($P = 0.01$).

Conclusions: Family doctors, who are supposed to be role models, believe that screening tests for disease prevention and health promotion are important, but do not undergo most of the recommended tests themselves.

© 2012 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Introduction

Recently, there has been a significant increase in awareness of screening tests for the early detection of disease and risk factors for disease. One aim of family doctors in clinical practice is to recommend that their patients undergo early detection testing. Modern medicine has not found a cure for

many conditions, so the aim of screening is the early detection of disease to enable appropriate treatment, improve quality of life and promote public health. The guidelines in Israel for preventive medicine are based on the recommendations of the Israeli Task Force for Health Promotion and Disease Prevention, with a detailed list of recommended tests for each age group. The recommendations were last

* Corresponding author. Department of Family Medicine, Ben-Gurion University, POB 653, Beer-Sheva 84105, Israel. Tel.: +972 8 6477436; fax: +972 8 6477636.

E-mail address: pelegr@bgu.ac.il (R. Peleg).

0033-3506/\$ – see front matter © 2012 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

<http://dx.doi.org/10.1016/j.puhe.2012.12.010>

updated in 2008 through the work of a multidisciplinary committee.¹

A literature search on medical treatment for healthcare providers shows that doctors receive different treatment compared with the general population. Doctors tend to treat themselves and their relatives by informal methods, using ‘hallway’ medicine alongside formal treatment.² Hallway medicine is defined as informal and inappropriate self-referrals to specialists without prior consultation with a family physician (or other primary care provider), and without adequate medical record keeping or follow-up.³ A previous study showed that residents write themselves prescriptions for medicine.⁴ Doctors treat other doctors differently from other patients, and many doctors believe that they should receive health care without paying for it.⁵

Inasmuch as family doctors serve as role models for their patients, the conduct of screening tests among these doctors themselves is very important. Doctors’ own attitudes and behaviours influence their ability to promote their patients’ health care. An explanatory analysis revealed that doctors, as well as other healthcare providers, could be a main source of information on health and nutrition. Networked individuals have the potential to influence the health knowledge and information of large groups of people and, therefore, may serve as valuable change agents to disseminate health information.⁶

The present study assessed whether family doctors undergo recommended screening tests themselves, and reasons for non-compliance. No similar studies were found in a search of the literature, which was conducted prior to the development of the study questionnaire. The categories chosen for the study have been used in earlier research.^{3–5,7–10}

Based on these principles, screening tests are just as important for doctors as for the general public. The study question was whether family doctors undergo screening tests for early detection of disease.

Methods

This study was conducted within the framework of the Southern District of Clalit Health Services. This is Israel’s largest Health Maintenance Organization, and serves approximately 60% of the population of the Negev region in Southern Israel. The population for this region is approximately 550,000, and most people are of low to middle socioeconomic status. The largest city in the area is Beer-Sheva, with approximately 200,000 residents; the rest of the population of the Negev’s region live in smaller communities.

The study population was comprised of family doctors from Southern Israel, including both experts and residents. Experts were defined as Israeli board-certified specialists in family medicine, while residents were defined as doctors at all stages of formal training in family medicine before taking board-certification tests. The study questionnaire gathered information on sociodemographics, whether or not the doctor underwent early detection screening tests, and if not, reasons for non-compliance. The questionnaire (Appendix 1) was formulated after a comprehensive review of the literature. Initially, the questionnaire was administered to 10 doctors as a pilot study. The questionnaire was revised in light of the

pilot results, but no formal validation was done. Pilot participant questionnaires were not included in the present study. For the study itself, the questionnaire was given to all the family doctors affiliated with the Southern Region of the Clalit Health Services ($n = 300$) who consented to participate.

Sample size

In order to attain as high an adherence rate as possible, the questionnaire was administered by personal interview at the time of continuing medical education activities for the residents and experts in family medicine. Sample size calculations were based on evidence that participation in screening tests in the general population ranges from 15% (fecal occult blood testing) to 75% (lipidograms), with a mean participation rate close to 60%. Assuming that family doctors have lower compliance rates, of approximately 30%, it was calculated that the sample size would have to be 62 doctors to attain 95% significance with power of 90%. Adding 10% for possible missing data and with an assumed response rate of 30%, there was a need to ask 226 doctors to participate in the study.

Statistical analyses

Categorical variables, such as gender, country of origin and adherence to screening tests, are described in terms of frequency and percentages. Continuous variables, such as age, are described as mean \pm standard deviation. Differences between the doctor subgroups (age, gender and professional status) were tested for significance using Chi-squared test or Fisher’s exact test, as appropriate, for categorical variables; and using univariate analyses and one-way analysis of variance for continuous variables.

The study was conducted in the framework of quality enhancement in the field of preventive medicine. The study design and questionnaire received an exemption from the Ethics Committee of Meir Hospital on August 2008 prior to its implementation. All study participants gave their consent to take part in the study.

Results

Sociodemographic characteristics of the study population (Table 1)

Two hundred and twenty-six doctors were asked to participate in the study. Of these, 138 completed the questionnaire (61%). Eighty-one doctors (58.7%) were women, and 123 (92.7%) were married. The mean age was 44.4 ± 9.1 years. Fewer than one-third of the participants were born in Israel.

Attitudes and practices regarding screening tests (Tables 2 and 3)

Eighty-two (59.4%) doctors expressed a strong belief in the need for screening tests among their colleagues. Similar attitudes were found when asked about screening tests for relatives. However, only 38 (27.5%) doctors had actually undergone

Download English Version:

<https://daneshyari.com/en/article/10516500>

Download Persian Version:

<https://daneshyari.com/article/10516500>

[Daneshyari.com](https://daneshyari.com)