

## Patient evaluation on family doctors' family orientation

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### Abstract

Family orientation is one of basic features of family practice. The purpose of the study was to explore the patients' opinions about family physician involvement in family related issues, and to identify the factors that may influence the patients' opinions. Altogether 514 patients completed a questionnaire. Logistic regression analysis was used to predict the factors which determine patient orientation to talk about family related issues. The results indicate that the patients' health and the family background influence their willingness to talk to family physicians about their family related problems. The findings of the study confirm that special attention should be paid to patients who definitely have family problems because of chronic illness, or an alcohol or drug using family member, or those who are widowed or divorced. Also, the ethnic origin was found to have an impact on patient opinions of family physicians' family involvement.

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### 1. Introduction

Family orientation is one of the basic features of family practice. The knowledge of the family is believed to help better understand the patient's problems, to improve the quality of medical decision making and may partly account for better outcomes [1]. Besides hereditary diseases, it is important to be familiar with the family's lifestyle, habits, social status and economic status. Family is the primary context within which most problems occur and within which the most health beliefs and behaviours develop [2].

The family background and the family history are essential to the continuing and comprehensive care of individual and family and are potential source of valuable diagnostic information [3]. Although the family physicians value highly the role of the family history, it has been found that only a few of them ask about the family medical history during a routine consultation [4,5]. Most interviews are usually focused solely on medical issues, and only rarely on psychosocial and family issues [6,7]. Several studies have attempted to establish whether inquiring of the family health history and other family related issues are related to physician attitudes and characteristics. It has been found that family

orientation is positively correlated with longer visits, chronically ill patients, being a female doctor and active listening behaviour [8–10] and negatively with follow-up visits and physician initiated visits [11].

However, the degree of family orientation activity is only partly influenced by the nature of the presenting problem and by family doctors' characteristics. Physicians can not develop family approach *ex parte* (unilaterally), without considering the patient's attitude to and desire for such activities. It has been shown that patients vary considerably in their preferences for physician inquiries into such problems as social functioning, psychosocial issues and health risks [12]. Sometimes there exists a gap between patient and doctor perceptions of the content of consultation [13,14]. Family physicians tend to communicate about psychosocial issues, lifestyle, emotions and social relations more readily when they consider these topics important [13]. Little is known about the patients' motivation to communicate on family issues as well as about what kind of patients are more oriented to involve the family physician in family related problems and what kind of patients are less oriented to do so.

The better knowledge of patients' opinions about and needs for involvement of family issues into a routine encounter and the characteristics which determine their needs help a better build-up of individualised approach for each patient.

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Table 1  
Characteristics of the respondents by gender, nationality, place of residence and education

Characteristics	N (%)
Gender	
Male	158 (31)
Female	354 (69)
Age (years)	
16–24	58 (11)
25–44	201 (39)
45–59	147 (29)
>60	105 (21)
Nationality	
Estonian	412 (80)
Non-Estonian	102 (20)
Place of residence	
Urban	267 (52)
Rural	247 (48)
Education	
Basic	123 (24)
Secondary	314 (61)
Higher	77 (15)

The present study aims: (1) to establish what kind of family related problems are more likely addressed by patients; (2) to explore patients opinions about family physician involvement in family related issues; (3) to identify the factors that may influence patients' opinions.

## 2. Methods

### 2.1. Data collection

Anonymous written questionnaires were distributed by 17 family physicians from different locations of Estonia (rural, urban, capital) to 40 consecutive patients who were older than 16 years. The study time was one week (five

working days). Those who did not understand Estonian, or who had problems with the reading of the questionnaire because of some sight problems were excluded. The questionnaires were developed specially for the study by a research group and were tested before use by a panel of lay persons. They were asked to complete the questionnaires and to note any questions which were unclear. According to their suggestions some amendments were made to the wording.

The patients completed the questionnaire immediately after a consultation, enclosed it in an envelope and returned to their family physicians who sent all collected questionnaires to the investigators. The completed questionnaires were returned by 514 patients (response rate = 76%).

### 2.2. Measurement instruments

In the questionnaire the patients gave an answer to the question whether they consulted their family physician in the case of some family related problems. They were also asked whether their family physician should be aware of certain family related issues as chronic illnesses in the family, alcohol drinking and smoking habits of family members, drug abuse, economic and living conditions and family relationships. The responses were given on a four-point scale, where 1 = yes, in all cases; 2 = yes, in some cases; 3 = no, not at all; and 4 = do not know. The patients were also asked to consider how much family physicians should deal with families. Several questions were related to patients' sociodemographic characteristics (sex, age, nationality, education, place of residence, marital status), family and health background (children in family, chronic illnesses in family, self-assessment of health status, life-style health risks). They were also asked whether all their family members had registered with the same family physician.

The obtained data were analysed by using the Statistical Package for the Social Sciences (SPSS). Categorical

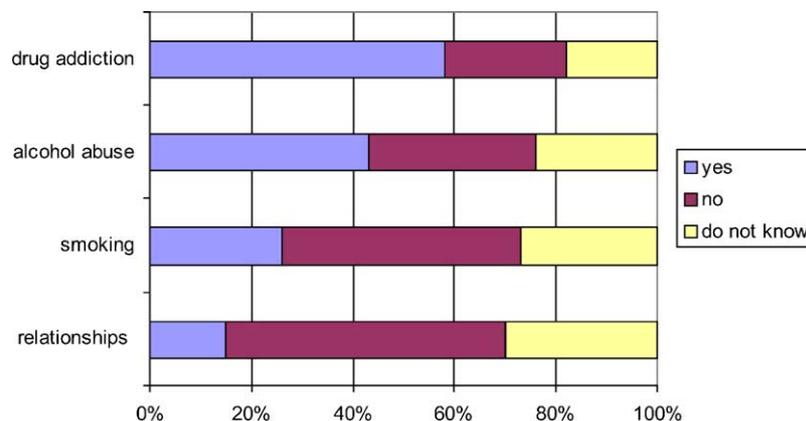


Fig. 1. The distribution of the patients' answers (%) to the question: "do you consult your family physician in the case of the following family related problems?"

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