

Patients' Knowledge, Attitudes, And Behaviors Toward Family Doctors When They Attend a Private Primary Care Center

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Abstract

Background: Healthcare systems often face imbalances, with tertiary care centers overburdened due to insufficient utilization of primary care. Family physicians, key players in holistic and cost-effective healthcare delivery, are underutilized due to limited public awareness. This study aimed to assess the knowledge, perceptions, attitudes, and practices of patients visiting a private primary care center regarding family physicians to support the promotion of family medicine as a vital specialty. *Methods:* This study was conducted at a primary care center. A pre-tested questionnaire collected data from 300 patients meeting inclusion criteria. The questionnaire evaluated socio-demographic information, knowledge, perceptions, attitudes, and practices concerning family physicians. Responses were analyzed using descriptive statistics and SPSS version 19.0. A 5-point Likert scale was employed, with results condensed into three categories for simplicity. *Results:* Participants demonstrated high awareness (96.7%) of the role of family physicians and expressed strong confidence in their abilities to provide holistic and cost-efficient care. Positive attributes such as attentive listening, professionalism, and patient involvement in decision-making were acknowledged by over 95% of respondents. While 88% identified family physicians as their preferred initial healthcare contact, actual practice patterns revealed preferences for specialists in areas like pediatric care (66.2%), obstetrics (81.6%), and diabetes management (52%). Consistent consultations improved patient familiarity and rapport with family physicians. *Conclusion:* Despite favorable knowledge and attitudes, many patients opted for specialists over family physicians for specific health concerns. Further initiatives to enhance public awareness, address perception gaps, and expand the scope of family medicine are essential to strengthen its role in integrated healthcare systems.

Keywords: Patients' Knowledge, Attitudes.

Background

Health care systems in many regions are characterized by complexity, with urban areas housing well-equipped tertiary care centers, while community-level primary care often remains under-resourced and inadequate. This disparity has led to patients seeking care at tertiary facilities even for minor health concerns, placing a heavy burden on these centers and driving up the cost of care. The traditional model of having a dedicated family doctor has largely faded, giving way to an era dominated by medical specialization.

There is growing recognition of the need to transition from a vertical, disease-centric approach to a more integrated model of health care delivery. Such a model emphasizes collaboration between primary care physicians and specialists across disciplines to provide holistic care within the community setting. Efforts are being made by national health authorities to improve the quality of primary care and promote family medicine as a specialty. However, awareness about the role and importance of family medicine among the general public and key health stakeholders remains limited. Achieving universal health coverage necessitates

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prioritizing family medicine and expanding its reach. Understanding patient preferences for health care providers and their perceptions of family physicians is critical to supporting this shift (1, 2, 3).

In response to these challenges, a local health facility established a family medicine department in 2019. This facility also developed a satellite primary care center where both family physicians and specialists are accessible to patients. This unique setup provides an opportunity to explore patients' awareness, perceptions, and attitudes toward family physicians, as well as their preferences for health care providers.

Methodology

This study utilizing a questionnaire was designed. Patients visiting the health center were approached by a family medicine consultant or resident, who obtained their informed consent and provided them with a pre-tested printed questionnaire to complete. The questionnaire collected data on the following aspects:

- Socio-demographic information of the participants.
- Knowledge about family physicians: Questions assessed understanding of family physicians' roles, including their ability to address all health needs for individuals and families, provide holistic and cost-effective care, ensure appropriate referrals, and whether they are trained medical professionals. Responses were recorded on a 5-point Likert scale.
- Perceptions of family physicians' attributes: This section included questions about family doctors' ability to listen, their caring nature, professionalism, knowledge, familiarity with the family, and involvement of patients in decision-making. A 5-point Likert scale was used.
- Attitudes toward consulting family physicians: Participants were asked whether they had a family physician and whom they approached first for health concerns—a family physician or a specialist.
- Practice patterns: This section explored participants' choices between family physicians and specialists for managing conditions such as child care, pregnancy, diabetes, chest pain, skin issues, joint pain, abdominal discomfort, and wounds.

Inclusion Criteria

- Individuals aged 18 years or older.
- Residents of a nearby community who had visited the primary care center more than once for outpatient services.

Exclusion Criteria

- Patients needing urgent care or those too unwell to understand or respond to the questionnaire.
- Patients visiting the center for the first time.

The research was conducted at an upgraded primary care center staffed daily by family physicians and periodically by specialists in fields such as orthopedics, dermatology, pediatrics, obstetrics, psychiatry, cardiology, endocrinology, and neurology.

Data Analysis

The collected data were coded numerically and alphabetically before being entered into Microsoft Excel 2007. Statistical analyses were performed using SPSS version 19.0. Descriptive statistics such as frequencies, means, and standard deviations were calculated. For simplicity, the 5-point Likert scale responses were

condensed into three categories: agree, disagree, and unsure. A significance level of $P < 0.05$ was applied. Microsoft Excel and SPSS software were employed for data management and analysis.

Results

The study included a total of 300 patients attending the primary care center.

The majority of participants (89%) were under the age of 60. Half of the respondents held a degree, and 46.3% were employed in professional roles [Table 1].

Over 90% of participants expressed confidence in the ability of family physicians to handle a wide range of health concerns and appreciated the cost and time efficiency of this specialty. Timely referrals and holistic care further strengthened their trust in family physicians. Additionally, 96.7% recognized that family physicians are trained specialists, reflecting strong awareness of their role

More than 95% of patients highlighted positive attributes of family physicians, such as attentive listening, caring behavior, professionalism, knowledge, and involving patients in decision-making. However, only 86% felt that their family physician was familiar with them and their family members. This familiarity improved with increased frequency of visits—patients with more than four visits reported better rapport. The lack of consistent consultations with family physicians for all family health needs may explain this perception gap. While 50% of participants were already consulting family physicians, 88% expressed that they would consider them as the first point of contact for their healthcare needs.

Despite their favorable attitudes, knowledge, and perceptions, this was not always reflected in healthcare-seeking behaviors. For example, 66.2% and 81.6% of participants preferred specialists over family physicians for childcare and pregnancy care, respectively. Similarly, for diabetes-related issues, 52% opted for specialists' services rather than consulting family physicians. In potentially critical conditions such as chest pain, only 44% trusted family physicians as their initial choice, with the majority preferring specialist consultations.

Table 1. Socio-demographic profile of the patients visiting the centre

| Characteristic | % of responses |
|----------------|----------------|
| Age | |
| <60 years | (89.3%) |
| >60 years | (10.7%) |
| Sex | |
| Male | (44.8%) |
| Female | (55.2%) |
| Education | |
| Degree | (50.4%) |
| Postgraduate | (25.3%) |
| Others | (24.3%) |
| Occupation | |
| Skilled | (11.7%) |

| | |
|--------------|---------|
| Professional | 46.3%) |
| Others | (42.0%) |

Discussion

The study explored patients' understanding of family physicians' roles, their perceptions of these professionals, and their preferences when choosing healthcare providers. Participants demonstrated a strong awareness of the roles of family physicians. Over 90% acknowledged that family physicians address comprehensive health needs, provide cost-efficient and holistic care, and make timely referrals. They also recognized family medicine as a specialized and trained field.

Patients expressed highly favorable opinions about family physicians. Key qualities such as patient involvement in decision-making, attentiveness, empathy, and expertise were highly valued.

These findings align with research conducted in Saudi Arabia, which revealed similar levels of awareness and positive perceptions of family physicians, though patient satisfaction with their experiences was lower in those studies (4, 6).

This study highlights that patients acknowledge the critical role family physicians play in both individual and family health and hold favorable perceptions of their contributions. Despite the positive knowledge and perceptions, the study revealed gaps in the consistent use of family physicians for primary care. Although family physicians were consulted for many health concerns, participants often chose specialists for specific issues like childcare, obstetric care, diabetes, and chest pain.

This preference for specialists may stem from apprehensions about their conditions and the belief that specialists offer superior care. The availability of specialists in the area further influenced their choices. Other studies have similarly found that individuals prefer specialists for emergencies, chronic illnesses, pediatric care, and maternity services (5). This suggests that while family physicians are valued for general care, patients often bypass them for conditions they perceive as critical or complex.

Research has consistently shown that primary care physicians improve health outcomes, including increased childhood immunization rates, promotion of breastfeeding, and reductions in child mortality and morbidity (7). For conditions like chest pain, family physicians can often rule out non-cardiac causes and refer patients only when necessary, optimizing resource use.

Global evidence highlights better health outcomes in communities where primary care physicians are the first point of contact. For example, an increase of one primary care physician per 10,000 population was linked to a 6% reduction in mortality in England (12). Health systems centered on primary care physicians tend to deliver higher quality care, improve population health, and promote equity at lower costs compared to specialist-dominated systems (13, 14).

The role of family medicine varies internationally. It originated in Canada and the UK during the 1960s, where family physicians serve as gatekeepers to healthcare. These physicians manage registered populations and are often the first point of contact. In the U.S., family medicine became a distinct specialty in 1969 but does not emphasize gatekeeping as much.

In regions like Russia and parts of Northern Europe, primary care training is still fragmented, focusing separately on pediatric and adult care. In countries like India and China, family medicine is emerging as a growing discipline. Its scope is defined by the needs of the population it serves (15, 16).

According to WONCA (World Organization of Family Doctors), family physicians provide care for individuals of all ages, manage chronic and infectious diseases, and deliver emergency, preventative, and

long-term care. However, their scope varies based on the healthcare context and system organization in different countries (17).

Conclusions

Patients demonstrated strong knowledge and positive perceptions of family physicians, with 88% identifying them as their primary healthcare contact. However, they often preferred specialists for conditions like chest pain, diabetes, pediatric care, and obstetrics.

Further research into the specialization and scope of family medicine is warranted to address gaps and explore its role in diverse healthcare contexts.

Limitations

The study participants were from a specific residential setting, limiting its generalizability. Additionally, it did not investigate the underlying reasons for patients' preferences for specialists in certain conditions. Future research should compare the quality of care provided by specialists and family physicians in these scenarios.

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