

DOCTORS' ATTITUDES TOWARDS CLINIC VISITS

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Background

- Primary care clinics: essential element in the health service
- Primary health care nurses: essential to the running of these clinics
- Primary care doctors:
 - Intended to support the above
 - Variation in roles in different provinces
 - PHC package core norm: “Doctors and other specialised professionals are accessible by communication for consultation, support and referral and provide periodic visits”
 - North West policy: clinics should be visited weekly by a doctor
 - Which doctors?
 - District medical officers: few and far between
 - Hospital based doctors: many problems

THE ROLE OF THE VISITING DOCTOR IN PRIMARY CARE CLINICS

A RESEARCH REPORT

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PREVIOUS RESEARCH

Full report:

http://www.hst.org.za/research/visiting_doc.htm
(see left)

Article:

Couper ID, Malete NH, Tumbo JM, Hugo JFM. The role of the visiting doctor in primary care clinics. SA Fam Pract 2003;45(6):11-16



Role of the visiting doctor

- Focus groups in 2 districts
- Nurses in all clinics were asked:
“what do you think about the role of the visiting doctor at your clinic?”
- Themes
 - BENEFITS: attributed to patients, clinic staff, the clinic as a whole, the hospital and the health service.
 - NEGATIVE EFFECTS: mainly centred around issues of relationship with staff and patients, and sub-standard medical practice
 - CONSTRAINTS AND CHALLENGES: to be addressed by doctors, nurses and District Management Teams
 - CONTRASTS: balance the potential for improved health care where the visiting doctor's role is clearly understood and the doctor is functioning optimally, with the potential for harm and discouragement where the doctors' visits do not serve their purpose.

Research into doctors' attitudes



- Commissioned by North West Department of Health and funded by the Equity Project
- Ethical approval by Research, Ethics and Publications Committee of Medunsa and North West Province Research committee
- Collaborative effort by the Madibeng Centre for Research
- **Aim** – to understand how doctors in the public health service perceive their role in visiting clinics in order to make recommendations to district health management teams and the provincial health authorities.



Current research

- **Purpose:**
 - to shape educational processes
 - to guide doctors working in clinics
 - to assist with the development of job descriptions



Methods

- Qualitative study using a combination of focus group interviews and individual in-depth interviews for data collection.
- Exploratory question: “What do you think of the role of the visiting doctor in primary care clinics in your district ”



Methods

- Sampling from 2 districts within the North West province, which function very differently.
- Focus groups of doctors working in Odi and Brits Hospitals (chosen because it was in these districts that the previous research was done)
- Individual interviews with purposefully selected doctors working in the Potchefstroom/Klerksdorp complex



Methods

Individual interviews

- 6 in-depth interviews with doctors in the Potchefstroom/Klerksdorp complex.
- 3 in each town, viz.
 - A clinical manager responsible for allocating doctors to clinics
 - A senior doctor with experience in visiting clinics
 - A community service doctor involved in visiting clinics



Methods

Focus groups

1. Two doctors from Odi district visiting clinics full-time
2. All the doctors at Brits Hospital involved in visiting clinics in the district (6 of 8 participated)



Analysis

- Interviews audiotaped and transcribed
- Themes identified by content analysis by interviewers
- Datasets analysed separately and validated by member checking
- Two arms combined and cross-checked by third researcher.
- Results validated by 3 of respondents



Themes

- A. Health service issues
- B. Organisational issues
- C. Specific roles of doctors
- D. Human issues
- E. Doctors working full-time at the clinics



A. Health service issues

Related to the intended function of clinics:

1. The place and importance of clinics
2. The environment of the clinic
3. Resources and equipment



B. Organisational issues

Related to how the system of doctors' visits is operationalised:

4. Senior doctors needed with experience
5. The allocation and rotation of the doctors
6. The structure of the visits



C. Specific roles of doctors

Related to what doctors should do or are doing:

7. Clinical role (seeing problems, referrals, etc)
8. Teaching and training of nurses
9. Administration: a burden
10. Good clinic management – what role?



D. Human issues

Related to relationships and attitudes:

11. Team work and relationships

12. Attitudes to clinic visits

13. The role of nurses

14. Support of the doctors and
communication



E. Doctors working full-time at the clinics

A different experience of clinic visits



1. The place/importance of clinics

- Clinics are the entry point of the health care system
 - *I think it is good to be in the clinics because I feel the clinic is actually the entrance of the health system for the patient and it is a very important place*
- Clinics are the “backbone of the system”
- Clinics take the service to the patients
 - *[they] broaden the service and make it easier for the patients, taking the service to the patient*
- The hospital should have a clearer focus on clinics
 - *I think we should be more community orientated*



2. Environment of the clinic

- Clinics vary a lot
 - *I think it depends on my experience depends on which clinic you go to*
 - *it depends on the location and the environment*
- The conditions in the clinics influence how one works
 - *The whole environment. [X clinic], when you walk in there it looks like a private clinic. It looks like you don't expect this. We not used to that. You know there's toilet paper and towels to dry your hands and it's very good. And in [Y clinic] not even the door to the toilet works and stuff like that and you are lucky if there is water.*



3.Resources and equipment

- Better equipment would allow more patients to be managed at the clinics
 - *The problem which the doctors face is lack of facilities for what they think they can provide in the clinic; for example if they have much more equipment for minor surgical procedures they could have done that. ... So now the question of whether some more tests could be provided I think if primary health care clinics can provide a little more of those services, ... probably you know patients would not have to run around in different places to get the total service*
- Drug stocks are limited for budgetary reasons
 - *We are battling in some respects. There is always a shortage of stock, especially anti-inflammatories, pain medication is virtually non existent. I mean they are almost always out of stock of these things but the impression I get with all due respect it is often not just the supply or ordering problem it is a monetary problem, it's a budget problem, everybody is looking after their budgets*



4. Experience of the doctors

- More senior doctors should visit clinics
 - *But I doubt very much whether doctors at junior levels are able to comprehend what they can do at this level*
 - *But I think it should be more of possible ideally more experienced guys there. The young guys they don't make them like they used to make them, they are very upstartish and they don't want to do this sort of thing*
- Junior doctors need supervision
 - *I also thought there should be a senior doctor in the clinic level who should be co-ordinating these functions and monitoring these junior doctors*
- Junior doctors can be exploited
 - *I also found that a woman being so junior I was some times exploited ... [the nurses] feel I am also a woman, I am also young, I can just do the same as them*



5. Allocation and rotation of doctors

- The commitment of rotating doctors can be problematic
 - *we are using community service doctors ... so I am not too sure how much they are committed to improving the service at the clinic level because at the end of the day they know its only for a year of which three months of it is in clinics*
- Short rotations make it difficult for doctors to fit in and limit impact
 - *[The nurses] sometimes see the doctors as intruders and its difficult to have relations because the doctor comes there one month and then another one ... every time the new doctor has a month to spend or two weeks to spend just to figure out how the system is working and by then there is a new doctor ... that is also why it is difficult for a doctor to fit in*
- It is difficult to do clinics in addition to hospital responsibilities
 - *I do think the clinics should be part of the doctors' rotation, it should be an entity. It shouldn't be attached to the surgical department or the medicine department or whatever department because I mean those guys are quite busy with what ever they are doing in that department.*



6. The structure of the visits

- Clinics must be organised to receive doctors
 - *For instance when a doctor goes to the clinic I expect something from that side as well, that they must be prepared to receive me there, they mustn't run around and waste my time, that type of thing, because that often that happens. And I am not there to push a line for them and just to finish their amount of patients quicker*
- *The visits must be properly structured*
 - *If there was somebody working with me and helping me do all that administrative work I could have seen six times more patients and more effectively. So the structure around the clinic has to be working better, effectively to help the doctor.... I think the structuring is very important. My biggest frustration in the clinics was about the structure and the management, not so much the work and the patients but the way it is functioning*

6. The structure of the visits cont.



- The particular role of the doctor must be recognised
 - *it is much more expensive to have me there than to have one of the Sisters there and to have me just doing exactly the same as one of the Sisters, it's a waste of resources in my opinion*
- Patients should be booked for the doctor
 - *We said the sisters must first screen the patients before the doctor sees them otherwise the doctor would sit and see cases which could have been managed by the nurse practitioner*
- Disability grants must not crowd out other work
 - *You can't go to the clinic and see only disability claim forms so in a day maybe you must book a certain number of patients with disabilities and the other should be the cases which is brought by the sisters*



7. Clinical role

- Doctors should see clinical problems
 - *I think that in the first instance concerning patients that the doctor can be used to assess people that sisters don't feel adequate or experienced enough to handle themselves*
- The doctor is a link between the clinic and the hospital
 - *The other thing that the doctors ... are often a more effective link between the rest of the health system because I have been working in the hospital also for a long time and then it was much easier for me to get patients from the clinic to the hospital, to the right places and it saves time ... because I understand the rest of the health system better than the Sisters only working in the clinics*
- Doctors can decide about referral to hospital
 - *If there are no doctors in the clinic then the indication for the patient to be referred would be so see a doctor; if there is a doctor there they will only be referred if they need more facilities than the clinic has*



8. Teaching and training of nurses

- Training is essential
 - *the doctor must be involved with the training of personnel. ... I think it is important that one is involved in also the educational things because in the end that will lead to the bettering of the doctor and of the sister*
- The nurses also recognise a need for training
 - *The clinic sisters ... want to start a training programme more formally*
 - *the sisters are very eager to still learn so there are a few practical things that I can teach them*
- Practical, patient-based training is important
 - *Coming back to that teaching role should they see a sister do something and it is wrong or not correct they can say, "sister please do this or that, add this extra"*
- Formal teaching also has a place
 - *The other [education] would be more formal, say today we are speaking about this subject, next week about that ... It does not need to be a big lecture, just a short thing, five minutes*



9. Administration: a burden

- A balance is needed
 - *I have been a little bit frustrated in a way in the clinics that I felt I end up doing a lot of administration work*
- Medicolegal work
 - *Say a patient applies for a disability grant where does he go to get it completed? He cannot go to a private doctor, he must go to the clinic who sees him everyday and knows all his history. I think that is the role of the doctor, to complete those forms. ... I know that they do not want to do that. But it is important.*
- The problem of disability grants
 - *Now from the doctors side they say that they have been over run by the number of applications for disability grants. That seems to be one of their major functions in these clinics and they sometimes feel it is very difficult*

10. Good Clinic Management – what role?



- Doctors need to be involved in clinic management
 - *I think it would be good to have some doctors working in the management of the clinic as well, structuring things better than they are at the moment ... I have often felt that if they would just invite me to the management meeting or whatever I can give very important input into the problem because often the people managing the clinics are never inside the clinic.*
- Quality improvement
 - *they should also be involved in improving the facilities in the clinics. If the clinic doesn't have a scalpel or a suture and that is the hindrance for doing a procedure, they must actually advise the sister in charge to get those things in place in the clinics*
- Who is in charge?
 - *I found the doctor's role a very important role but I also find as a problem is that I was not really sure where I fitted into the structure because now I felt that I was working under the sister in control, because they are actually managing the clinic and I am only like a visitor there. ... And I also find that the Sisters also don't know quite how to handle where we exactly fit in*



11. Team work and relationships

- A team approach benefits the patients
 - *I think if there develops an attitude or rather a team approach than sort of a separate approach it will lead to the best thing for the patient.*
- The negative attitudes of the past must be dealt with
 - *I think one needs to get away from [the past] and I think that is something that needs to be said to one another that we are trying to work together and not trying to work against one another.*
- The knowledge and skills of clinic nurses must be recognised
 - *there are about four or five of the sisters who are primary care practitioners and I think of them as GPs sitting there and seeing the patients. I really have a lot of respect for them because they know far more than me about the drugs they dispense ... I am not scared to admit that I don't know but they expect me to know more than them even though I haven't been using the medicine and treating the patients as well as they have*



12. Attitudes to clinic visits

- Doctors often have negative attitudes to clinics
 - *That is also a problem because the clinics, in the minds of many of the doctors, are the not important part. Nobody wants to go to the clinic, the doctors were pitying me very much because I had to work such a long time in the clinic.*
- Doctors often think they are superior
 - *I've been working in the hospital for periods of time and I have also seen a lot of doctors come and go they don't always see themselves as a team player and I think that's one of the things that needs to be addressed. I've learnt a lot from nurses in my life ... so sometimes I think it is necessary to teach the attitude that you must be prepared to learn from the whole spectrum*
- *Hospital doctors look down on clinic doctors*
 - *[It is like] the attitude of superiority on the part of specialists towards family medicine and general practice.*



13. The role of clinic nurses

- The nurses know their patients
 - *They know absolutely everything about everyone*
- They are often very dedicated
 - *They all really enjoy what they are doing, it's not like us who keeps on moaning about the work. They really have extremely good relationships with all their patients. They are available to their patients the whole time and its not as if it's work.*
- The range of things they need to do overloads them,
 - *I think they just so overloaded with everything there is*
- They work differently from hospital nurses
 - *they are working very differently than in any one of the Sisters in the hospital because they are seeing the patients themselves from A-Z and they are making their own decisions and they are working there for a long time so they play a very big and important role*

14. Support of doctors and communication



- Feedback is important for learning
 - *I think what would make my role better there ... would be to get more feedback because I do feel like I am not learning there*
- Regular meetings are needed
 - *I am not a great meeting person but I think one should get together on a fairly regular basis with the other doctors and nurses working at the clinic*
- Isolation is a problem
 - *I felt a bit isolated there as the only doctor in the clinic so that was also a problem for me*

DOCTORS WORKING FULL TIME AT THE CLINICS: A DIFFERENT EXPERIENCE



- Initial boredom - changed quickly - building “*deeper relationships*” with staff and patients.
- Strong sense of belonging to a team, being called “*our doctor*”
- Staff and patients phone the doctor out of hours
- Get involved with socio-economic situation of patients and the community
- Clinics becoming busier and busier - reported as a positive development
- Lack of resources and equipment at the clinic leads to having to refer the patient to the hospital, which breaks the continuity between the patient and the doctor.
- More interaction is needed between the clinic d and hospital doctors



Conclusions

- Similarity between what doctors and nurses report.
- Recommendations:
 - Develop national consensus policy on role of the doctor in primary care clinics
 - Develop clear local/provincial guidelines for clinic doctors, managers and clinic nurses
 - Include doctor in the management of primary care clinics as management team member
 - Prioritise continuity in clinic visits through clear strategies for the deployment and rotation of doctors
 - Ensure mixture of experienced and young doctors in clinics with supervision and training
 - Facilitate regular sub-district meetings for clinic doctors and nurses for training and development, and problem solving.

THE ROLE OF CLINIC VISITS: PERCEPTIONS OF DOCTORS



- Complete report available from the HST website:
<http://www.hst.org.za/pubs/>
- Or download directly at:
<ftp://ftp.hst.org.za/pubs/research/clinicstudy.pdf>
- Or contact me (Ian Couper):
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