

Original Article

Perception and Practice of Primary Healthcare Practitioners about Delivering Preventive Measures and Obstacles Involved

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ABSTRACT

Objective: To assess how adequately practitioners perceive and practice certain preventive measures and what are the barriers to providing them in a Kuwait primary healthcare centre

Setting: Primary Health Care, Dasma Clinic, Kuwait

Methods: Cross-sectional survey of general practitioners in 29 primary healthcare centers

Results: The results of the survey revealed that practitioners were familiar with the importance of clinical preventive medicine. However, lack of time was considered an important obstacle, for checking BP (49.0%), blood sugar (39.3%), cholesterol level (44.1%), counseling on smoking cessation (81.4%), diet counseling

(84.4%) and self breast examination (74.9%). On the other hand, insufficient training was a barrier to some counseling procedures such as smoking cessation (53.0%), diet counseling (52.6%) and self breast examination (36.7%).

Conclusion: The study found that insufficient training of GPs is a major obstacle in delivering preventive care. This was declared by a large number of family and general practitioners. This was noticeable when GPs conducted counseling on smoking cessation, dieting and self-breast examination. Additionally, the study revealed some valuable recommendations by the GPs.

KEYWORDS: Kuwait, obstacles, prevention, primary care

INTRODUCTION

The term "Preventive Medicine" is given to any medication or procedure that can maintain and promote health. Moreover, it should contribute to the reduction of risk factors that result in injury and disease. In order to achieve these valuable ambitions, certain primary, secondary and tertiary prevention activities must be considered. Primary prevention activities deter the occurrence of a disease or adverse event for *e.g.*, smoking cessation^[1]. Meanwhile, secondary prevention or screening like mammography detection of breast cancer^[2] will assist in early detection of a disease or condition in an asymptomatic stage. These result in providing the right treatment that could delay the occurrence of symptoms. Tertiary prevention methods like rehabilitation attempts to disallow adverse consequences of existing clinical disease.

Preventive activities or services have decreased morbidity and mortality from acute or chronic conditions. However, they were not fully implemented by physicians, patients or the health systems. The traditional disease/treatment model should be modified to incorporate more preventive services^[3].

In reality, education alone is not enough to improve prevention. This study supports the appropriate evaluation approach. Such approach is expected to highlight the most effective ways of prevention. It also improves our ability to apply obtainable and effective ways of disease prevention and health modalities^[4].

Several studies have demonstrated that many patients did not receive recommended preventive counseling. At the same time, efforts were made to improve preventive care but coverage often fell far short of target level. Simultaneously, primary care physicians were missing opportunities for health promotion and disease prevention in a regular fashion^[5-10].

In spite of previous difficulties, the provision of primary and secondary prevention has faced some obstacles. These obstacles involve physicians, patient determinants, office system and structural issues^[11-14].

The intent of this study was to inspect the gap between the level of preventive care that practitioners perceived as satisfactory and the level of coverage that has been achieved in primary healthcare settings. Another aim was to know

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Table 1: Socio-demographic characteristics of the general practitioners

*Variables	n	%
Age in yrs		
< 35	96	48.0
36 - 45	47	23.5
Above 45	57	28.5
Gender		
Male	89	44.5
Female	111	55.5
Employment		
General practitioner	105	52.5
Family practitioner	95	47.5
Years of experience in a Kuwait Primary Healthcare Centre		
<5	61	30.5
6 - 10	46	23.0
11 - 15	35	17.5
> 15	58	29.0

*Characteristics of the respondent

about the practitioners' perception regarding obstacles in the delivery of preventive care.

SUBJECTS AND METHODS

In Kuwait, there are about 700 practitioners working in 87 primary healthcare centers distributed over five governmental health regions. A systematic sampling method was carried out in this study. As a result, every third clinic was chosen from alphabetically ordered tables.

The study's questionnaire incorporated four sections. First, socio-demographic characteristics like age, gender, job and years of experience in Kuwait primary health care centre. Second, practitioners' satisfaction level on preventive measures in fields like BP measurement, evaluation of blood sugar and cholesterol level, counseling on smoking cessation, diet counseling and self breast examination. Third, in percentages, how many of their patients have received preventive measures guidance during real practice and fourth, what are the obstacles that may create failure in their performance?

Prior to the questionnaire, a pilot study was carried out on 10 practitioners. This was because the questionnaire had to be examined and modified based on their feedback. After that, data were collected through self-administered questionnaires distributed to general and family medicine practitioners excluding pediatricians and gynecologists. The collected data were processed using Statistical Package for Social Sciences (SPSS) Window version 11.0.

The Pearson chi-square test of independence was used to test two issues. First, the correlation between practitioners' position and perception about their performance satisfaction level for prevention measures. Second, it was used to

Table 2: Practitioners' perception about satisfactory level of performance for prevention measures

Prevention measures	Perception %							
	0 - 25		26 - 50		51 - 75		> 75	
	n	%	n	%	n	%	n	%
BP measurement	1	0.5	9	4.5	46	23.0	144	72.0
Evaluation of blood sugar	2	1.0	12	6.0	51	25.5	135	67.5
Evaluation of chol Level	3	1.5	24	12.0	51	25.5	122	61.0
Counseling on smoking cessation	6	3.0	27	13.5	57	28.5	110	55.0
Diet counseling	3	1.5	36	18.0	62	31.0	99	49.5
Self breast examination	11	5.5	38	19.0	43	21.5	108	54.0

Practitioners' perception about satisfactory level of performance for prevention measures

examine their position with respect to actual practice. A value of $PT = 0.05$ was taken as the significance level.

RESULTS

Out of the 230 questionnaires 200 were returned. Because of crowded clinics, according to their written comments, unanswered questionnaires were returned. Nevertheless, the response rate was 87%.

The study showed that out of the two hundred respondents 105 (52.5%) were general practitioners, 95 (47.5%) were family medicine practitioners, 89 (44.5%) were male while 111 (55.5%) were female. The majority of them (96, 48%) were aged < 35 years. As regards their years of experience in Kuwait primary health center, 30.5% had less than five years and 29% had more than fifteen years (Table 1).

Doctors were asked about their perception of performance satisfaction level on prevention measures. This questioning was related to BP measurements, evaluations of blood sugar and cholesterol levels, counseling on smoking cessation, diet and breast self-examination. Almost all of them have replied it should be > 75% as shown in Table 2. However, in actual practice delivery of preventive measures was less than 75% (Table 3).

Consequently, 72% of practitioners estimated that the level of satisfaction for delivering preventive measures for BP checking to be > 75% during actual practice. On the contrary, only 29.5% out of the 72% rated it as being > 75%. Now, with respect to diet counseling 49.5% of them expected it to be > 75%. However, only 9.0% out of the 49.5% rated it as being > 75% in actual practice.

Later, doctors were asked about certain obstacles that cause failure in providing prevention measures. They pointed out that insufficient time was the most important obstacle. Percentages for this obstacle vary from one test to another. For example, 48.5% was for BP measurements, 38.5%

Table 3: Preventive measures in actual practice

Prevention measures	Actual Practice (%)			
	0-25	26-50	51-75	>75
BP measurement	13 (6.5)	49 (24.5)	79 (39.5)	59 (29.5)
Evaluation of blood sugar	25 (12.5)	54 (27.0)	68 (34.0)	53 (26.5)
Evaluation of cholesterol Level	43 (21.5)	60 (30.0)	66 (33.0)	31 (15.5)
Counseling on smoking cessation	95 (47.5)	62 (31.0)	29 (14.5)	14 (7.0)
Diet counseling	79 (39.5)	70 (35.0)	33 (16.5)	18 (9.0)
Self breast examination	127 (63.5)	48 (24.0)	17 (8.5)	8 (4.0)

Actual practice of practitioners about prevention measures

for evaluation of blood sugar and 44.0% for evaluation of cholesterol level, 81.0% for counseling on smoking cessation, 84% for diet counseling and 74.5% for self breast examination.

Another obstacle was the absence of clear practice guidelines. This also was different from one test to another. For instance, it was 13% for BP measurements testing, 13.0% for evaluation of blood sugar, 20.5% for evaluation of cholesterol level, 63.0% for counseling on smoking cessation, 62.0% for diet counseling and 55.5% for self breast examination.

As questionnaires progressed, more obstacles were found. For example, more than 50% of doctors agreed that lack of training and lack of patient's interest (checked by patient motivation) were yet other important obstacles. Lack of evidence for benefit was the least obstacle for all the preventive measures (range was 6%-32%). Furthermore, more than two third of practitioners agreed that educating females about self-breast examination had caused embarrassment to doctors and patients (Table 4).

There was no significant difference between the practitioners' position and their perception for performance satisfaction level with respect to prevention measures. This was the same between practitioners' position and the actual practice.

Respondents perceived other obstacles that they have faced: like lack of public awareness for self-help care (45%), lack of systematic organization of preventive services (30%), no effective system to remind doctors or patients (20%) and no motivation or interest to screen (5%).

The last part of the questionnaires dealt with the doctors' opinion. They were asked about ways to improve prevention at the level of primary healthcare service. They agreed on a number of recommendations. First, appointment system has to be established. Second, training courses must be provided for doctors and nurses. Third, massive educational media coverage through TV, radio, public lectures, brochures and newspaper must be presented. Fourth, clear protocols or guidelines for all preventive measures have to be created. Fifth,

Table 4: Physicians' opinion about specific obstacles to each of the six preventive measures

Obstacles	Percentages of physicians agreed on each obstacle					
	BP check	Blood sugar	Chol. Level	Smoking cessation	Diet counseling	Self breast examination
Lack of patient interest	21 (10.5)	30 (15.0)	47 (23.5)	159 (79.5)	128 (64.0)	100 (50.0)
Lack of time	97 (48.5)	77 (38.5)	86 (43.0)	162 (81.0)	168 (84.0)	149 (74.5)
Lack of evidence for benefit	12 (6.0)	12 (6.0)	15 (7.5)	30 (15.0)	32 (16.0)	31 (15.5)
Absence of clear practice guidelines	26 (13.0)	26 (13.0)	41 (20.5)	126 (63.0)	124 (62.0)	111 (55.5)
Maneuver causes doctor or patient embarrassment	9 (4.5)	5 (2.5)	8 (4.0)	39 (19.5)	55 (27.5)	143 (71.5)
Lack of training	5 (2.5)	6 (3.0)	10 (5.0)	105 (52.5)	103 (51.5)	73 (36.5)

Physicians' opinion about specific obstacles to each of six preventive interventions

the number of doctors has to be increased in order to be more time competent. Sixth, trained dieticians and smoking cessation counselors must be available in clinics. Seventh, educational courses on dieting and on smoking counseling have to be implemented.

DISCUSSION

Our study revealed that there was a substantial difference between the level of preventive care that practitioners wanted to provide and the level that they were providing in actual practice (Tables 2 and 3) indicating that they know the importance of preventive health care, and this could motivate them to seek change and to create a receptive climate for new strategies to enhance preventive care performance

In Saudi Arabia, primary health care physicians had their perceptions on periodic health evaluation. About 90% of them recommended periodic health evaluations. Furthermore, almost all of them (95%) were aware of the benefit and the costs of periodic health examinations. Nevertheless, they were willing to carry it out^[15].

Then again, lack of time and lack of patient's interest were the most important obstacles identified by practitioners. This was true especially if they were involved with counseling rather than simple diagnostic tests like blood test for sugar or cholesterol^[16-18].

The relative importance of specific obstacles was not uniform across the preventive interventions as presented in Table 4. Therefore, if we target the obstacles that are most important, we are most likely to succeed. To explain, Table 4 has pointed out that lack of training on counseling was the highest in importance as compared to other obstacles. In particular, counseling on smoking cessation, diet and self-breast examination. On the contrary, lack of training was not an important

obstacle when testing BP, blood sugar or cholesterol. These findings have suggested that physicians would benefit from additional training particularly in these three areas^[18-21].

Other obstacles to interventions like lack of time, lack of patient interest and lack of evidence for benefit were recognized by physicians as important. Such preventive services can be easily delivered and improved if physicians were involved with educational brief counseling strategies.

Previous studies revealed that physicians consider practice guidelines as an important source of information. However, due to their complexity, length and time required for explanation, they became another obstacle in the daily routine^[22-26]. Also, absence of an appointment and reminder service was recognized as another obstacle in providing preventive care. Availability of these items at primary care level will improve quality of care^[27-29]. The physicians in this study recommended that primary healthcare doctors should apply simple and easy protocols. Also, an effective appointment system must be established.

CONCLUSION

To summarize, this survey demonstrates the relative importance of various obstacles. These obstacles had a negative impact on implementing preventive healthcare service. Practitioners understood that obstacles were lack of time, lack of training, lack of patient interest and absence of guidelines, especially for smoking cessation, diet counseling and self-breast examination.

The GPs have come up with a number of recommendations. First, an effective appointment system must be established. Second, training courses for doctors and nurses must be provided. Third, there is an urgent need for massive educational media coverage through TV, radio, public lectures, brochures and newspaper. Fourth, protocols or guidelines must be clear and easy in order to implement effective preventive measures.

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