

# PERCEPTIONS OF RESIDENTS' WORKING CONDITIONS IN FAMILY MEDICINE: A CROSS-SECTIONAL SURVEY IN TURKISH ACADEMIC TRAINING HOSPITALS

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## Introduction

Family medicine (FM) has been recognized as a medical specialty in Turkey since 1984. In 1985 the first residents in FM were accepted to teaching state hospitals and were educated for FM specialization. In the nineties education for FM experienced an increase in residency places. In 1995 alone approximately 300 residents were accepted for postgraduate training in FM. Besides university departments, 9 teaching hospitals in 4 larger cities (Istanbul, Ankara, Izmir and Adana) offer postgraduate education (1,2).

According to the current curriculum in FM, residency lasts 3 years. It consists of 5 main fields (Internal Medicine, Pediatrics, Gynecology and Obstetrics, Psychiatry and General Surgery). On completion of the 3-year course and after passing the examination, the graduates are awarded a Specialist of FM title from the Ministry of Health.

Most residents are trained in teaching hospitals of the Health Ministry. Despite a high educational demand in these institutions, no FM department has been established yet and no official position for FM training coordinator exists. The aim of this study is to record perceptions of trainees in FM about their working places and to determine needs for education.

## Material and Methods

This cross-sectional, descriptive study was conducted in 5 different academic teaching hos-

pitals in Ankara, Turkey. 87 of 135 residents of family medicine working in these hospitals responded (Response rate 64%). 39 (45%) were female and 48 (55%) male.

The self-report survey was conducted between February and April 1998. Residents working in the Ankara Teaching Hospital (ATH), Ankara Numune Teaching Hospital (ANTH), Dr. Sami Ulus Children Teaching Hospital (SUTH), and Zekai Tahir Burak Womens Teaching Hospital (ZTH) were involved in this study. A questionnaire with 17 questions was developed. This questionnaire contained questions on sociodemographics, workload, support staff, management, recognition, resource support, and professional development.

Descriptive statistics, frequency distribution tables and Kruskal-Wallis (KW) Analysis were used. A significance level of  $p < 0.05$  was considered as statistically significant.

## Results

The mean age of the participants to this survey was  $31 \pm 2.8$  years. 29 (34%) were single (1 divorced) and 59 (66%) were married. 25 (29%) were freshmen (1st.year), 22 (25%) junior (2nd.year), and 40 (46%) senior (3rd. year) residents.

Questions on workload revealed that being on call was "too much" at the pediatrics course in SUTH. In all other hospitals the amount of time on call was found

to be fair [KW(3)=19.58;  $p < 0.05$ ]. The number of support staff in three hospitals (ATH, ANTH, and SUTH), which have the highest workload in Ankara was stated to be insufficient [KW(3)=9.74;  $p < 0.05$ ]. The skills of support staff in only one hospital was claimed to be inadequate [(KW(3)=7.17;  $p < 0.05$ ) (table 1)].

The question on support by the management showed that in three hospitals (ATH, SUTH, and ZTH) more than half of the residents were dissatisfied with the hospital management's support [(KW(3)=4.84;  $p < 0.05$ ]. In all clinical departments the clinical management was perceived as inadequate. [(KW(3)=7.85;  $p < 0.05$ ]. In almost all clinical departments the recognition of work of residents was found to be satisfactory [(KW(3)=6.77;  $p < 0.05$ ) (table 1)].

Medical supplies were significantly less available in two hospitals (ATH and SUTH) [(KW(3) = 3.45;  $p < 0.05$ ]. In the same hospitals availability and condition of examination room equipment was inadequate [(KW(3)=8.34;  $p < 0.05$ ]. Amount of examination room space was stated as significantly higher in ANTH [(KW(3) = 7.17;  $p < 0.05$ ]. No hospital had enough restroom space for residents (table 1).

Concerning professional development only ANTH and SUTH have been found adequate for enhancing professional skills [(KW(3)=6.21;  $p < 0.05$ ]. In most hospitals the opportunity was given to discuss cases with colleagues [(KW(3)=10.7;  $p < 0.05$ ].



## Discussion

This study presents the perceptions of FM residents about their working life and found significant gaps in organisational and educational matters of academic teaching hospitals in Ankara.

The workload in pediatrics is high in Turkey, because the population is mostly young. Most residents who work in children's hospitals claim that they are "too much" on-call. The workload of Dr. Sami Ulus Children's Hospital is particularly high because it is a referral hospital for central and east Turkey and it is the only facility for people who have no social security. But clinical training in this hospital has been found to be good. Most of the residents who worked there stated that they had opportunities to enhance professional skills and to discuss cases with colleagues. These ratings were higher than in other hospitals.

The number of support staff has been found to be low in nearly all hospitals, where residents have been required to work harder. Residents who choose to attend the gynecological and obstetrical course in the women's hospital do not closely participate in clinical work, so this question might have been perceived differently, in this case.

The skills of support staff were mostly satisfactory in teaching hospitals. No special demands of care were mentioned for nurses at hospitals. Most routine work is done by the relatives of the patients or the physicians in charge of the patient.

Support by clinical management has been perceived in nearly all hospitals to be low. There is no "real" coordinator of family practice in these hospitals, who cares for the problems of FM residents. Seminars and educational programmes are organized by the residents themselves. Dissertations are completed in different

departments, and relate to problems of these specific fields. In one survey 74% (68) of the FM residents stated that the administrators did not know anything about FM and 99% (91) suggested that teachers in these academic training hospitals should be trained in FM (3). Most of the FM residents are also dissatisfied with the management of the clinical departments. In each of the five courses which they have to complete, they begin as freshmen and are exposed to a high workload. Because they are FM residents, they do not belong to these clinics and because FM does not conceptually make any sense to the clinic staff they are humiliated by them and seen sometimes as rivals of their practice (especially in Gynecology and Obstetrics).

Recognition of work by the clinical department has been perceived as slightly low. This is a general problem in postgraduate training. Residents have to do the hard work (4).

All of these hospitals are state hospitals which have to care for all underserved and non-insured members of the population and are managed by officers of the Health Ministry. Because of fiscal restraints, availability of medical supplies and medicines is sometimes interrupted. This happens in nearly all hospitals, as was apparent from the responses in this study.

FM education is performed in large training hospitals, where rural and primary care involvement is minimal. The posts for residents in training hospitals are enough in number and sometimes more than are required. Only in four big cities in Turkey is postgraduate training offered in governmental training hospitals. To respond to increasing demands for medical specialists the number of residency places are held high. However the amount of examination room space and restroom space was perceived as low.

As can be seen, the major problems in the training of FM specialists in Turkey are organizational and educational. First there are concerns on the current curriculum of FM training. This curriculum does not provide specific training in primary care. Departments of 5 specialties are not sufficiently equipped with knowledge and skills to train family physicians for Turkish primary health care demands. Further, no FM training coordinator exists, who is directly involved in the training process and who is competent in FM.

There are now efforts by the Turkish Association of Family Physicians and the university departments of FM to reorganize this subject and to arm family physicians with appropriate knowledge and skills. Courses with international participation are being organized to improve family physicians' skills in adult teaching. New suggestions have been made to the Coordination Council of Medical Societies to change the curriculum. Contemporary curricula are used in university departments of FM and well equipped family practice facilities are provided to improve FM training in Turkey.

Further work has to be done to make specialists in family medicine significant contributors to the primary health care system. Abilities of family physicians have to be disseminated to the whole population, to achieve a well recognized medical discipline in Turkey. Monetary and status problems of primary care physicians should be addressed with the highest priority.

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**Table 1:** Perceptions of family medicine residents about their workload, support staff, management, recognition, resource support, and professional development in different teaching hospitals

	ATH		ANTH		SÜTH		ZTH	
	n	%	n	%	n	%	n	%
<b>Frequency of being on call</b>								
Too much	8	19	3	5	19	70	-	-
Appropriate	34	81	51	90	7	26	3	8
No	-	-	3	5	1	4	36	2
<b>Number of support staff</b>								
Sufficient	6	14	24	42	4	15	29	74
Insufficient	36	86	33	58	23	85	10	26
<b>Skills of support staff</b>								
Sufficient	10	24	34	61	15	56	25	64
Insufficient	32	76	22	39	12	44	14	36
<b>Support by clinical management</b>								
Sufficient	17	41	31	55	8	30	4	11
Insufficient	25	59	25	46	19	70	34	89
<b>Management of the clinical department</b>								
Adequate	3	7	26	46	9	33	16	41
Inadequate	39	93	30	54	18	67	23	59
<b>Recognition of your work by the clinical department</b>								
Yes	18	43	31	55	11	41	5	13
No	24	57	25	45	16	59	34	87
<b>Adequate availability of medical supplies</b>								
Yes	2	5	32	58	6	22	18	46
No	39	95	23	42	21	78	21	54
<b>Adequate availability and condition of examining room equipment</b>								
Yes	2	5	30	54	5	19	21	54
No	40	95	26	46	22	81	18	46
<b>Amount of examination room space</b>								
Sufficient	8	19	30	53	9	33	19	49
Insufficient	34	81	27	47	18	67	20	51
<b>Amount of restroom space</b>								
Sufficient	6	14	25	45	2	7	7	18
Insufficient	36	86	31	55	25	93	31	82
<b>Opportunities to enhance professional skills</b>								
Yes	17	42	32	58	18	67	13	35
No	24	58	23	42	9	33	24	65
<b>Opportunities to discuss cases with colleagues</b>								
Yes	26	65	41	73	22	82	15	40
No	13	35	15	27	5	18	23	60