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Examining the satisfaction of physicians and patients of Family Physician Program (FPP)

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Abstract: This study was conducted to assess the level of satisfaction of doctors and patients from FPP, to achieve the strengths and weaknesses of the project, and to improve the weaknesses in Estahban. Considering the nature, objective of research, research questions, to review the status quo in FPP, and to assess the indices studied, descriptive study of survey type has been used. To create an overall and all-inclusive plan, the satisfaction with FPP was studied from the perspectives of physicians and patients in detail. Considering the objectives of the project, two questionnaires were prepared for doctors and patients population. In this study, considering the doctors population, the census method is used that includes all medical society units. To assess the target population for patients' random method is used. After statistical analysis, the results are as follows patient satisfaction with FPP 38.3 percent higher than the average, and the lowest satisfaction is related to "satisfaction with comprehensiveness of health services needed within the center." The results of statistical analysis of the physicians' satisfaction indicates that only 23.5 percent of the physicians' satisfaction is above average, and this is while the physicians' satisfaction is lower than the minimum criteria of the assessment of this research. According to the view of doctors, the current process of health records, the amount, and quality of receiving the payment and the referral process are of the weaknesses of FPP. Statistically, there is a significant difference at 99% level between the level of satisfaction of doctors based on service (urban or rural), and between rural and urban patients there was no significant difference.

Key words: satisfaction, family physicians, referral system, patients

Introduction

Ever-increasing development of medical science, updating of a variety of diagnostic equipment, specialization of treatment methods, and the need to timely use of them for the real people in need have made the status of the family doctor more important in prevention of diseases in the society. So that with the implementation of the plan, the unnecessary reference to specialists is prevented, and besides reducing the financial burden of treatment costs for insurance companies and people, public confidence in the noble profession of medicine will not be altered in the mid and long-term. The ultimate goal of the health care system of every nation is health promotion of the members of the public, so that with enough health they can participate in economic and social activities [1]. World Health Organization considers the family doctor at the center of global efforts to improve quality, cost, effectiveness, and equity in the health care systems. In this regard, one of the provisions in the law of the Fourth Economic, Social, and Cultural Program of Islamic Republic of Iran (Article 91) is emphasizing the centrality of the establishment of health insurance with the centrality of family physician and referral system.

According to FPP, a defined population is given to a doctor and this doctor becomes aware of all family records of diseases and problems, so whenever the patients sees a doctor, the doctor knows exactly what this patient's previous problems were and now what medical procedures should be done for him. Moreover, if there is a need for technical or laboratory medical attention, he is sent to the related doctor and this prevents wasting the costs, and there is no need for a patient to refer to some specialists in a day for a minor problem.
One of the important factors for the success of any action plan in the health care system is satisfaction of the providers of these services that if neglected, after a while, it will lead to the indifference of people, so that the quantity and more importantly the quality of service would inflict serious damage. Studying Doctors Community shows that factors such as attractiveness of jobs, good working conditions, progress opportunity, honesty, cooperation among the colleagues, and solidarity in the face of problems in the workplace, particularly medical profession's being favorable in the view of the community can be effective in job satisfaction of these people [2]. Customer satisfaction of health services received can represent the amount of compliance of services from the perspective of the customer or the amount of physical access to health service providers [3]. The most important principle at all stages of implementation of FPP is following the four basic principles of the healthcare network of the country namely social justice, intersectoral collaboration, public participation, and the use of appropriate technology. In FPP and referral system, general practitioner and his team take full responsibility for people and the families under health coverage and after sending the individuals to specialized levels; they have the responsibility for follow-up and his fate.
The only structure suitable to provide such services is health care networks in the country where about the medical establishment of midwife or nurse, offering laboratory pharmaceutical and other services, network development plan shall prevail.
The method of assessment of practices of FPP, which perhaps the simplest is its client's satisfaction, should be considered as the most pivotal indicator of success. Satisfaction is also effective in achieving results because satisfied patients have more participation in the treatment process. In addition, the level of satisfaction reflects the judgment of the patient's about quality of services, and the importance of consumer protection in the health services is an element of a free society [4]. The focus of the implementation of FPP is the subject of payment mechanism and family-doctor performance monitoring process. General issues of FPP and rural insurance of family doctor is responsible for providing health services within the defined package (service pack) without discrimination of age, gender, economic, and social characteristics, family or population covered [5].
FPP services are defined at three levels: first level services that are provided by rural health-center service or health care homes by the family physician or health team (workers). These centers are usually located somewhere close to where people living areas and the first contact of the individual with the health system are through family physician. These services include health promotion, prevention, and early treatment, recording information in health records, and so on. The second level is specialized outpatient or inpatient care. These services are provided to the people referred from the first level including specialized outpatient services, inpatient services, prescription of drugs and laboratory services request. The third level is super specialized outpatient or inpatient services that are somewhat placed in the health system with priority within the framework of the basic insurance and are given to the people referred from the first and second levels [6]. This article examines physicians and patients' satisfaction on the first level service of FPP, because the first contact of the person with the health system takes place through the first level.
1. The satisfaction is influenced by several factors: in the study by Hall, more satisfaction is connected with older age, lower education, being married and higher social class and between patients' satisfaction with race, gender, income, and family aspect no significant correlations have been reported [7]. Besides satisfaction of patients, this study examines the physicians' satisfaction as project manager. Family physicians' satisfaction can be effective in productivity, quality, and quantity of service. In the study by Jennifer [8], "Work Values and Job Satisfaction of Family Physicians," theory and previous research show the relationship between the value of work and job satisfaction. This study examines such relationships in a group of doctors in a professional career. Family Doctors (134 Caucasian female, 206 male, 88%) responded to efforts in the specific fields of work values and job satisfaction. The results of variance analysis showed that a hierarchy of work values: independence, services, lifestyle, professional-scientific, management, and reliability are important in decreasing the order. In the study by Hall more satisfaction is connected with older age, lower education, being married and higher social class and between patients' satisfaction with race, gender, income, and family aspect no significant correlations have been reported [9]. Another study by

Sibbaldb et al. at the international level of England studied and compared job satisfaction in general practitioners in between 1998 and 2001. They concluded that the average of this satisfaction has reduced from 4.64 in 1998 to 3.96 in 2001 [10].
In this regard, this paper seeks to answer these questions: To what extent are physicians satisfied with FPP? To what extent are the patients satisfied with FPP? In addition, is there a difference between satisfaction of FPP in urban and rural areas?

2. The purpose of the study

- The overall objective research

Examining physicians and patients satisfaction of FPP

- **Sub-objectives of the research**

・ Examining satisfaction of physicians of FPP
・ Examining satisfaction of patients of FPP
・ Examining the difference between satisfaction of FPP in rural and urban areas

3. Research hypothesis

・ Practitioners are satisfied with FPP.
・ Patients are satisfied with FPP.
・ There is significant difference in satisfaction with FPP in rural and urban areas.

4. History research

- Domestic investigation records

The research conducted in the field of family medicine is very limited: Some of these studies include: The study entitled "Examining the Effect of Implementation of Family Physician Program on improvement of the treatment process from the perspective of physicians in Family Physician Program" was conducted in 2003 in Lorestan. This descriptive study was conducted among one percent of family physicians that work since 1996 for the patients covered by the Committee Imam Khomeini (PBUH) as the population. The results showed that the implementation of FPP reduces costs, reduces medication, identification of endemic and familial diseases, speed, and the process of treatment. These results were significant using X^2 test at $P < 5\%$.
A review of the study population shows that this project, considering the history and positive background it has and the opinions of doctors that are currently involved as the executives of the project busy in treatment process of the patients of Imam Khomeini Relief Committee (PBUH) in Lorestan, and the statistical tests results and analysis of research data show the superiority of this method. However, the safety and proper treatment in Lorestan with a fair mix of facilities and staffing and management of this network is available (Sepahvand, 2003).
Another study, entitled "Assessing the strengths and weaknesses of Family Physician Program" was conducted in Maragheh. The present study is a cross-sectional study and the population of the study was the population of family physicians, managers, and health workers. The number of the sample of managers and employees was equal to the entire population, and the sample population was 375 people. Data collection method was a questionnaire and data collection forms whose validity and reliability were approved before the start of the study. Results: About 97% of the population was aware of the family physician program, 97.6 percent had referred to family physicians at least once, and 96.8 percent of them had received health insurance card. Clear strengths of the family physician program include forming health record, better and more effective care of expectant mothers and children under 6 years, villagers' easy access to physicians and pharmacists, reducing the costs of treatment. Its major weaknesses can be too much and crowding patients in home health referrals, lack of job security for staff, lack of timely payment of salaries and benefits for members of the health team, limited access to family physicians in the village. Based on these findings, the following recommendations were proposed to eliminate weaknesses and to improve service quality and increase satisfaction. These are the formation of electronic health records for the population covered, creating motivation and justifying physicians specializing in the treatment of patients referred, exact redefinition of the population covered, solving living problems of the health team members, and timely payment of their salaries and benefits (Jannati, et al., 2009).

- Foreign literature

In the study by Campbell, there is a significant difference between different age groups, race, and socioeconomic status of patients with their satisfaction of health care. Whites, older people, and affluent individuals have been more satisfied with the health services, but there was no significant difference between the sexes, (Campbell, Ramsay, Green, 2001).

In the study by Jennifer (2013), "Work Values and Job Satisfaction of Family Physicians," theory and previous research show the relationship between the value of work and job satisfaction. This study examines such relationships in a group of doctors in a professional career. Family Doctors (134 Caucasian female, 206 male, 88%) responded to efforts in the specific fields of work values and job satisfaction. The results of variance analysis showed that a hierarchy of work values: independence, services, lifestyle, professional-scientific, management, and reliability are important in decreasing the order. The findings of this study may be of help to medical students in course selection process, the medical school faculty advisers including students, and now, to the doctors thinking of changing professional expertise. Future research can study the difference in values and job satisfaction, with increased attention to cultural and longitudinal variables (Jennifer, 2013).

In the study by Hall more satisfaction is connected with older age, lower education, being married and higher social class and between patients' satisfaction with race, gender, income, and family aspect no significant correlations have been reported (Hall JA, Dornan, MC.1990).

5. Methodology

This study is applied regarding the results and the results can be used in the field of policy-making of health related to family physician with the examination of strengths and weaknesses of the modification strategies to improve the process of implementing the application of the project. This research is descriptive of survey type. The study population consisted of all physicians and patients of the target population (rural and urban population studied). The number of urban and rural doctors in FPP is 17 persons. According to the population of the doctors, census method is used, and it includes all units in the medical community. To review the patients, random sampling method is used. In order to evaluate physicians and patients' satisfaction from family physician program and to collect data two questionnaires were used as follows:

A) Doctors' questionnaire: there are questions to determine the satisfaction of doctors of family physician program consisting of 13 items with a four-degree scale (very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied). According to Cronbach's alpha, the reliability of this test is 0.83.

B) Patients' questionnaire: there are questions to determine the satisfaction of patients of family physician program consisting of 14 items with a five-degree scale (very high, high, medium, low, and very low). According to Cronbach's alpha, the reliability of this test is 0.78. In order to analyze the data, according to the method of analyzing the data, the analysis of One Sample Test and t test were used for independent groups.

6. Research Tools

By studying the literature and theoretical foundations of the research, some items that were collected in connection with the satisfaction of family physician program, and to ensure the accuracy of statements obtained, with the guidance of tutors and advisors and in consultation with senior doctors and interview was conducted.

For this purpose, a questionnaire was developed as follows:

Part A) demographic information including gender, education, location

Part B) Doctors' questionnaire: there are questions to determine the satisfaction of doctors of family physician program consisting of 13 items with a four-degree scale (very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied) developed with scores 4, 3, 2 and 1 respectively. Physicians completed this questionnaire. The total score of this questionnaire shows the Physician satisfaction.

Part C) Patients' questionnaire: there are questions to determine the satisfaction of patients of family physician program consisting of 14 items with a five-degree scale (very high, high, medium, low, and very low) respectively developed with scores of 5, 4, 3, 2 and 1. Patients completed this questionnaire. The total score of this questionnaire shows patient satisfaction.

7. The method of data analysis

Collected information through doctors and patients' questionnaires regarding satisfaction in both descriptive and inferential statistics was examined and analyzed. In the descriptive statistics, to describe the variables, frequency tables, means and graphs, and in inferential statistics, to analyze the data according to the methods of data analysis, one Sample t Test (questions 1 and 2 of the study) and the t test for independent groups (question 3 of the research) are used.
After scoring and encoding the questionnaires were analyzed by spss software package.

8. Analysis of data

This study aimed to evaluate physicians and patients' satisfaction with FPP. The results of this study were obtained from two questionnaires of doctors and patients. In examining the first question: To what extent are the patients satisfied from FPP? The results are shown in table below.

Table 1: Patients' satisfaction of FPP

Statistical Indicators / Satisfaction	Frequency	Frequency percent	Cumulative frequency percent
Lower than the average	10	8.3	8.3
Average	64	53.3	61.7
Above Average	46	38.3	100
Total	120	100	

As can be seen from the above table, 38.3 percent of the patients have satisfaction higher than the average, 35.3%, average and 8.3% lower than the average. One sample t test was used to study the significance of the differences of the satisfaction of the patients with theoretical average (considered based on 75% of the maximum possible score). After analyzing, the data are presented in Table 2.

Table 2: Evaluation of patients' satisfaction with FPP

Statistical Indicators / satisfaction	The average observed	Average criterion	Standard deviation	Standard error of the mean	t	s
Patients' satisfaction	22.83	24	4.66	0.292	0.0187	0.000

The calculated t at $p<0.01$ level is statistically significant. Satisfaction of patients' average with family physician program is 22.83 and lower than the theoretical mean (24). Accordingly, it is inferred that the

satisfaction is lower than the expected criteria. In response to the second question: To what extent are doctors satisfied with FPP? The data from medical questionnaire was used and after checking the results, the following table was derived.

Table 3: The satisfaction of physicians of FPP

Statistical Indicators / Satisfaction	Frequency	Frequency percent	Cumulative frequency percent
Lower than the average	0	0	0
Average	13	76.5	76.5
Above Average	4	23.5	100
Total	17	100	

As can be seen, 76.5 percent of the doctors have average satisfaction and 23.5%, higher than the average. One sample t test was used to study the significance of the differences of the satisfaction of the doctors with theoretical average (considered based on 75% of the maximum possible score). After analyzing, the data are presented in Table 4.

Table 4: Evaluation of physician' satisfaction with FPP

Statistical Indicators / satisfaction	The average observed	Average criterion	Standard deviation	Standard error of the mean	t	s

Physician satisfaction	33.58	41.6	5.52	1.33	5.98	0.00

The calculated t at p<0.01 level is statistically significant. The observed average of physicians' program is 33.58 and lower than the theoretical mean (41.6). Accordingly, it is inferred that the satisfaction is lower than the expected criteria.

Question number three of the study examines the significance of the difference between satisfaction of FPP in rural and urban areas.

To answer this study question, two groups of urban and rural doctors and the two patients' groups of rural and urban areas were studied using the t test for independent groups. Statistical results between the two variables of the service location and satisfaction of the physicians is according to Table 5.

Table 5: Results of t test for independent groups about the satisfaction of physicians with service location

Statistical Indicators	Frequency	Standard error of the mean	Degrees of freedom	Siq.	Leven test	
Service location	17	2.16	15	0.008	F	Siq.
					41.6	0.00

According to the above table, t test shows a significant difference. So that the value of F is equal to 41.6 and a significance level of S is 0.00. Thus, with 99% confidence, it can be said, statistically there is a significant difference between the level of satisfaction of physicians with service location (urban or rural).

Statistical results between location and level of patient satisfaction are as follows.

Table 6: Results of t test for independent groups about the level of patients' satisfaction with location

Statistical Indicators	Frequency	Standard error of the mean	Degrees of freedom	Siq.	Leven test	
Location	120	1.82	118	0.947	F	Siq.
					0.262	0.610

According to the above table, t test does not shows a significant difference. So that the value of F is equal to 0.262 and a significance level of S is 0.610. Thus, with 99% confidence, it can be said, statistically there is no significant difference between the level of satisfaction of patients with location (urban or rural).

9. Conclusion:

Analysis of the data to answer research questions led to the following results. About the first research question, "To what extent are patients satisfied with family physician program?" statistical analysis showed that satisfaction with FPP from the perspective of patients is 38.3 percent above average.

This is while the satisfaction of about half of the patients (61.7 percent) is average or below the average. The lowest satisfaction is related to item nine as "satisfaction with comprehensiveness of health services needed within the center." One-sample t test results indicate that the patients' satisfaction with the expected criterion is less than expected.

In the meantime, the satisfaction of female patients, compared to male patients, with FPP is more. According to Table 4.6, patients with secondary school degree have 40.4% percent and with a bachelor's degree or higher have 5.6% satisfaction higher than average. In the distribution of patient satisfaction in terms of location according to Table 4.7, patients in urban areas (39 percent) and in rural areas patients (26.2 percent) have satisfaction higher than average.

Table 5.1: Studying the level of patient satisfaction

		Very much		Much		Average		Little		Very little	
		Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
1	Knowing the different kinds of health services provided at the center	7	5.8	44	36.7	57	47.5	12	10	0	0
2	Knowledge of a variety of common health problems in the region	15	12.5	42	35	45	37.5	18	15	0	0
3	The satisfaction of the time spent to get the services they need	30	25	24	20	49	40.8	17	14.2	0	0
4	The satisfaction of timely and full presence of the family doctor at work place	42	35	12	10	12	10	54	45	0	0
5	The satisfaction of family physician dealing and communicating with patients	42	35	39	32.5	4	3.3	35	29.2	0	0
6	The satisfaction of the fee paid to the services received	49	40.8	42	35	29	24.2	0	0	0	0
7	The satisfaction of the presence of other health center staff or team members at work place	19	15.8	27	22.5	18	15	27	22.5	29	24.2
8	Satisfaction with dealing and communicating with other health center staff or team members	27	22.5	19	15.8	60	50	14	11.7	0	0
9	Full satisfaction of health services needed within the center	7	5.8	20	16.7	64	53.3	15	12.5	14	11.7

10	The satisfaction of the health services provided by health center staff	11	9.2	41	34.2	50	41.7	18	15	0	0
11	Satisfaction with treatment tips and advice offered by family physicians training in problem solving	31	25.8	26	21.7	49	40.8	14	11.7	0	0
12	The satisfaction of the health education provided by staff about common health problems in the center	27	22.5	40	33.3	27	22.5	18	15	8	6.7
13	Satisfaction with the knowledge and skills of family physicians	12	10	18	15	82	68.3	4	3.3	4	3.3
14	The satisfaction of cleanliness and hygiene of the center	20	16.7	50	41.7	36	30	4	3.3	10	8.3

As the table and research findings show, the most patient satisfaction is with the time it takes to get the required services, the satisfaction with timely presence of the doctor at the workplace, satisfaction with family physician handling and communicating with patients, and the cost of the services received, which are of the strengths of FPP. The second research question is "To what extent are the doctors satisfied with FPP?" This research question examines the satisfaction of physicians of the family physician program. Results of statistical analysis showed that only 23.5 percent of the physicians' satisfaction is higher than average, and 76.5 satisfaction is average. In further investigations that were carried out in the distribution of physicians' satisfaction based on gender, male doctors' satisfaction, 100 percent is average and the satisfaction of female doctors is 57.1, and 42.9 percent higher than average percentage. However, the specialization variable degree of indicates that all doctors are public. Data related to the implementation of FPP in the United States of America shows that on average more than 60% of public resources for family doctors and general care for chronic diseases is assigned. According to a study of doctors cooperating with FPP, 12% are specialized in family medicine, 13.5% Internal Medicine 5.4%, obstetricians, 3% general surgeons, and 58.9% were general practitioners. While in this study, all family physicians are general practitioners and other specialists did not have a role in the implementation of the project (Pimlott, 2008). Of all GPs 76.5 have average percentage of satisfaction and 23.5% have satisfaction higher than average. All the doctors who serve at rural district have average satisfaction, this is while, 50 percent of physicians of urban area have satisfaction higher than the average. One sample t test of the significance of the difference in satisfaction of physicians with theoretical average based on calculated t, at $p<0.01$ level is statistically significant. The observed average of physicians' program is 33.58 and lower than the theoretical mean (41.6). Accordingly, it is inferred that the satisfaction is lower than the expected criteria.

Table 5.2: Evaluation of physicians' level of satisfaction

	Items	Completely satisfied		Somewhat satisfied		Somewhat dissatisfied		Completely dissatisfied	
		Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent

1	Family doctors' working hours	4	23.5	9	52.9	0	0	4	23.5
2	The current process of health records	0	0	4	23.5	4	23.5	9	52.9
3	The amount and the quality of payment	0	0	8	47.1	0	0	9	52.9
4	Referral process	4	23.5	0	0	4	23.5	9	52.9
5	Family physician monitoring process	3	17.6	10	58.8	0	0	4	23.5
6	Rules of Family Physician Program	0	0	17	100	0	0	0	0
7	Diagnostic and Treatment facilities of the Center	3	17.6	2	11.8	6	35.3	6	35.3
8	Execution of health instructions by family doctor	4	23.5	9	52.9	0	0	4	23.5
9	In-service training	1	5.9	13	76.5	0	0	3	17.6
10	Social workers cooperation with doctor	5	29.4	9	52.9	0	0	3	17.6
11	Center staff physician relationship	5	29.4	9	52.9	3	17.6	0	0
12	The behavior of people with doctor	5	29.4	5	29.4	7	41.2	0	0
13	The facilities of doctor's location	1	5.9	13	76.5	0	0	3	17.6

According to the research findings, collaboration of health workers with physician, personal relationship with the doctor, the behavior of people with the doctor, and the rules of FPP are of the strengths of the project. In addition, the current process of health records, the amount and the quality of payment, and the referral process are of the weaknesses of FPP. In the study by Motlagh et al. (2009) and Raisi (2009) similar results were obtained, and the lowest level of satisfaction of FPP is considered to be the quantity of remuneration and timely payment that is consistent with the survey results. Low level of satisfaction of family doctors with the amount received is probably because of the workload and new responsibilities compared with the private sector. Moreover, a large number of doctors, in addition to being a family doctor, have private clinics, their incomes from there are not comparable with their income from FPP, and this causes discontent of the doctors with the plan.

The third research questions:

Is there a difference between satisfaction of FPP in rural and urban areas?

This question examines physicians and patients' satisfaction in both rural and urban societies. To answer this research question, two physicians and two patient from urban and rural groups were studied using the t test

for independent groups. Statistical results indicate that the average satisfaction score of physicians of urban areas is 37.12 and average satisfaction score of physicians of rural areas is equal to 30.44, which is significant difference. The results of t test for independent groups show a significant difference, so that the value of F is equal to 41.6 and S significance level estimated is 0.00 is estimated, so one can say that with 99% confidence statistically there are significant differences between the physicians satisfaction and at the place of service (urban or rural). Statistical results between urban and rural patients were analyzed using the t test for independent groups. Statistical results showed that the average satisfaction score of urban society patients is 48.18 and the average satisfaction score of rural community patients is equal to 48.06, and there is no significant difference. The results of t test for independent groups did not show significant differences as well, so that the value of F is equal to 0.262 and the estimated S significance level is estimated as 0.610. Thus, one can say with 99% confidence that there is no statistically significant difference between patients' satisfaction with their place of residence (urban or rural). Based on the results of the investigation by Ghorbani (2011), statistically there is significant relationship between the location (access and distance to service provider) and the level of satisfaction that is inconsistent with the results of the present study. Based on the results of the investigation by Ghorbani (2011), the time difference and approvals of Islamic Council Parliament to pay more attention to the health of the villagers justify the lack of statistically significant differen

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