Primary Health Care Consumers' Acceptance, Trust and Gender Preferences towards Omani Doctors

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Abstract

Background: The percentage of Omani physicians from total number of physicians working in the Sultanate tripled from 9 % in 1999 to 27% in 2006 and is expected to increase to 50% by 2010. The study aimed to asses community attitudes towards Omani doctors and to investigate the different socio-demographic variables related to these attitudes. ***Method:*** It was done in two selected Primary Health Care (PHC) facilities by simple random technique in Batinah region. Face-to-face interview was made on 305 randomly selected samples of PHC customers by trained researchers from Sultan Qaboos University (SQU). Omani Doctors Acceptance Scale (ODAS) was adapted and used to assess participants acceptance of the communication skills of the Omani doctor, care to the patient, absence of language barrier, competence level, preference to be seen by doctor from the same sex, embarrassment from seeing an Omani doctor, qualification, experience, knowledge and skills of the Omani experience of the Omani doctor, and trust on the Omani doctor. Chi squared tests of significance was used in analysis. ***Results:*** Males reported more satisfaction about communication skills of the Omani doctors, whereas female respondents reported higher likelihood of being embarrassed from the latter. Elder age cohort, those reported ever treated by an Omani doctor, married respondents, and those of lower level of education were more likely to report higher level of acceptance than others. Those aged 26-40 and those above 40 years of age were 2.41 and 3.41 times higher than the youngest age cohort respectively. Similarly, older age cohort reported having more trust than the middle age respondents relatively to the youngest age group. ***Conclusion:*** The current study showed an accepted level of acceptance to Omani doctors. Looking for crucial issues in patient-doctor relationships as acceptance, satisfaction, trust, gender preference especially for PHC doctors ensure the continuity of care.

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Introduction

Ministry of Health (MoH) relentlessly prepared five-year health development plans since 1976. That has lead to significant achievement quantitatively and qualitatively. Because 60-70% of the recurrent budget is spent on human resources, the ministry considers human resources development as one of the main priorities in all its development plans and advocates Omanization as a national policy of self reliance. The percentage of Omani physicians from total number of physicians working in the Sultanate tripled from 9 % in 1999 to 27% in 2006 and is expected to increase to 50% by 2010. [1, 2] Therefore, consumers' satisfaction, and trust in Omani doctors of both genders is crucial. Yet, no previous study was conducted investigating such important issue. Such results will help decision makers in Ministry of Health and in academia to plan for and implement different educational programs and strategies for both the under and post- graduate medical students that ultimately would improve community acceptance of Omani doctors. As a valid example, the Medical school in Sultan Qaboos University introduced the communication skills course to the 4th year medical students in 2005. The Aim of our work was to assess community attitudes towards Omani doctors and to investigate the different socio-demographic variables related to these attitudes.

Methodology

This study was done in 2 randomly selected primary healthcare facilities out of 34 facilities by simple random technique in Batinah region. Face-to-face interview was made on 305 randomly selected samples of Primary Health Care (PHC) customers by trained interviewers' second and third year medical students from College of Medicine and Health Sciences, Sultan Qaboos University. They were given three days training course by the first author with role play to enforce the skills of asking questions properly. Data collection was done in 2 weeks in August 2006 and individual interviews took 15-20 minutes to be conducted.

The questionnaire was developed to fit the situation in our setting. Using a number of questions adapted from previous studies examining the domains of patient's autonomy,[3-5] professional expertise and humanism. It was rephrased after consulting community members in order to be modified for the present study. It was composed of two sections. The first section assesses the participant's demographic and service utilisation data that include the age, gender, educational level, marital status, main source of healthcare, self-rated health status, number of visits per year, and ever consult an Omani doctor the year prior to the study. The second tool used was the Omani doctors acceptance scale which was composed of 12 questions that comprehensively assessed participants acceptance of the communication skill of the doctor, care to the patient, absence of language barrier,

competence level, preference to be seen by doctor from the same sex, embarrassment from seeing an Omani doctor, qualification, experience, knowledge and skills of the Omani doctor, and trust on the Omani doctor. Using Likert scale, participants were given five options to answer each question that ranged between strongly agree to strongly disagree. The questionnaire was tested on a pilot of 150 participants from PHC centres in the same region not participated in the study. Data collection, through face-to-face interview, was made by the same group of students participated in the main study. The interviewers were trained to read out the items of the questionnaire and to code the responses with precision and reliability. The forms were collected daily by the first author for data entry into the computer, and SPSS version 10.0 was used for data analysis by the corresponding author.

Results

The 12 items Acceptance scale used in the study showed a high alfa Chronback's reliability score, 0.78. The sample mean (SD) age of consumers in years was 30.16 (11.86), with the majority aged 18-40 years (84.6%). Around 54% were of male sex, 57% of the overall samples were married, 27% had secondary or above education, and 52.4% reported paying 1-5 visits the last year prior to the survey. The mean (SD) reported number of visits per year for the overall sample was 8.69 (7.98) with a median of 5 annual visits with, astonishingly, no significant gender difference (Table 1).

Table 2 showed the distribution of the 12 items of the acceptance scale gender wise. Males reported more satisfaction about communication skills of the Omani doctors, whereas female respondents reported higher likelihood of being embarrassed from these doctors. The gender wise distribution of upper 30% scorers in the acceptance scale of Omani doctors used showed male gender preponderance for accepting Omani doctors than females.

Table 3 showed the cross-tabulation of degree of satisfaction with some of the socio-demographic variable selected. Elder age cohort, those reported ever treated by an Omani doctor, married respondents, and those of lower level of education were more likely to report higher level of acceptance than others.

However, in multivariate analysis, only getting old predicted higher acceptance level in the logistic regression model where those aged 26-40 and those above 40 years of age were 2.41 and 3.41 times higher than the youngest age cohort respectively. Similarly, age predicted trusting Omani doctors, where older age cohort reported having more trust than the middle age respondents relatively to the youngest age group (OR= 2737.72, 1.52 respectively). As regards gender preference of PHC doctors, the logistic regression model showed that only marital status predicted health provider gender preference. Married respondents were more likely, than singles, divorced or widowed respondents, in favor of the same gender as health providers, OR= 2.91. (Data not shown in table)

Discussion

The study highlighted the Omani health care consumers' acceptance level to their nationals' doctors of both gender. Generally, the acceptance was high and showed non significant variations according to socio-demographic variables except for its increase with age. Trust also showed the same trend with age. PHC doctors' gender preference was more likely among married which could imply consulting doctors in gynecological and/or private body parts problems. Our results showed that ever being treated by Omani doctor increased significantly the level of respondents' acceptance to the later. Because of the cross-sectional nature of the current study design, temporality could not be proven and it would be difficult to deduct whether having lower level of acceptance to Omani doctors was a constraint for consumers to be managed by Omani doctors, or not passing the experience lowers their acceptance level.

The study showed that age predicted trust in Omani doctors. Younger generation have a relatively lower level of trust. That could be explained through the need of younger more educated generation for a wider provider choice than old clients. Limited provider choice is believed to undermine trust and provider choice has been identified as strongly associated with physician trust.[6] Studies[7-9] have identified that the amount of physician choice is a predictor of, or was strongly associated with, provider trust. Trust as a quality of healthcare measure[7,10,11] is important in medical treatment relationships and better health outcomes. Trust affects many important health attitudes, behaviours, and outcomes including medication adherence,[8,12] therapeutic effects,[13] patient-physician communication, health promotion efforts disputes, likelihood of malpractice claims [14-15] and transaction costs.[16] The relatively lower trust and acceptance among younger respondents and those of higher level of education should be rectified through health educational programs aiming to improve young and/or more educated community attitudes towards Omani doctors. The community should be sensitized to the importance of time needed for junior Omani doctors to improve their skills and gain medical experience.

***Table 1**: Socio-Demographic Characteristics of the Study Sample (N=305)*

Characteristics	Frequency	Percentage
Age, (N=274)		
Mean±SD	30.16± 11.86	
18-25 years	133	48.5
26-40 years	96	35.0
>40 years	45	16.4
Gender, (n=305)		
Male	165	54.1
Female	140	45.9
Marital status, (N=302)		
Unmarried (single, divorced, widowed)	130	43.0
Married	172	57.0
Ever treated by Omani doctors, (N=305)		
No	70	23.0
Yes	235	77.0
Self-rated health status, (N=302)		
Not good, needs chronic care	179	59.3
Good	123	40.7
Education, (N=300)		
Uneducated	37	12.3
Moderately educated	180	60.0
Highly educated	83	27.7
Healthcare visits, (N=252)		
Mean±SD	8.69±7.98	
1-5 visits	132	52.4
6-10 visits	37	14.7
>10 visits	83	32.9

***Table 2**: Cross-Tabulation of Acceptance Questionnaire Items with Respondents' Sex*

	Questions	Gender				P value
		Male		Female		
Q1.	Communication	n	%	n	%	
	No	20	39.2	31	60.8	
	Yes	145	57.1	109	42.9	0.019
Q2.	Honesty					
	No	33	47.1	37	52.9	
	Yes	132	56.2	103	43.8	0.184
Q3.	Language communication					
	No	24	42.9	32	57.1	
	Yes	141	56.6	108	43.4	0.062
Q4.	Satisfying level					
	No	39	50.0	39	50.0	
	Yes	126	55.5	101	44.5	0.400
Q5.	Dealing with the same gender					
	No	38	55.1	31	44.9	
	Yes	127	53.8	109	46.2	0.853
Q6.	Embarrassment feeling					
	No	129	60.3	85	39.7	
	Yes	36	39.6	55	60.4	0.001
Q7.	Doctor's level					
	No	56	48.3	60	51.7	
	Yes	109	57.7	80	42.3	0.11
Q8.	Qualification					
	No	37	45.1	45	54.9	
	Yes	128	57.4	95	42.6	0.057
Q9.	Having adequate experience					
	No	63	53.8	54	46.2	
	Yes	102	54.3	86	45.7	0.944
Q10.	Having adequate medical knowledge					
	No	66	55.5	53	44.5	
	Yes	99	53.2	87	46.8	0.702
Q11.	Having adequate skills					
	No	55	53.9	47	46.1	
	Yes	110	54.2	93	45.8	0.965
Q.12	Trust					
	No	24	45.3	29	54.7	
	Yes	141	56.0	111	44.0	0.157

***Table 3**: Distribution of the Overall Acceptance Score on the Socio-Demographic. Characteristics of the*

Sample (N=305).

PS: don't sum always to 305 due to missing cells in some variables.

Characteristic	Overall Acceptance score				All		P value
	Low (Lower 70%)		High (Upper 30%)				
Age group	n	%	n	%	N	%	
18-25 years	108	81.2	25	18.8	133	100	
26-40 years	61	63.5	35	36.5	96	100	0.001
>40 years	25	55.6	20	44.4	45	100	
Gender							
Male	114	69.1	51	30.9	165	100	0.656
Female	100	71.4	40	28.6	140	100	
Marital status							
Unmarried (single, divorced, widowed)	107	82.3	23	17.7	130	100	<0.001
Married	107	62.2	65	37.8	172	100	
Ever treated by Omani doctors							
No	57	81.4	13	18.6	70	100	0.015
Yes	157	66.8	78	33.2	235	100	
Self-rated health status							
Good	126	70.4	53	29.6	179	100	0.930
Not good, needs chronic care	86	69.9	37	30.1	123	100	
Education							
Uneducated	21	56.8	16	43.2	37	100	
Moderately educated	125	69.4	55	30.6	180	100	0.035
Highly educated	66	79.5	17	20.5	83	100	
Healthcare visits							
1-5 visits	98	74.2	34	25.8	132	100	
6-10 visits	23	62.2	14	37.8	37	100	0.351
>10 visits	61	73.5	22	26.5	83	100	

Albeit there was no significant gender difference in reporting of number of visits to health facilities, previous studies showed higher female gender preponderance.[17] Hence, overcoming female respondents' feelings of embarrassment on consulting Omani doctors revealed in the results should be overcome. Reasons for such barrier should be explored by conducting further qualitative studies. In addition, educational programmes should be directed towards female consumers into strengthen the doctor-patient relationship regardless of the health provider's gender. Although bias still tends to be against women in academic obstetrics/gynaecology and is felt especially by women who aspire to leadership positions in academic medicine, there is an increasing sentiment among patients, physicians, and the public that women truly are more qualified to be obstetrician/gynaecologists. That is because only a woman can experience or know the issues faced by other women.[18] From this viewpoint, then, women make better obstetrician/gynaecologists than men by virtue of their sex alone. Such sex discrimination against male physicians is insidious but pervasive throughout the field of women's health and occurs in large part because of current social beliefs and stereotypical thinking.[18] Our study found that married respondents were more likely, than singles, divorced or widowed respondents, to be in favour of the same gender as health providers. Another survey conducted in community based institutions in Toronto, Canada in order to determine preference for the gender of PHC doctors under various scenarios showed that same gender preference was evident, gender-sensitive examinations (gynaecological and private body parts examination, family and emotional problems, and gender ailments).[19]

Conclusion

To conclude, the current study showed a good level of acceptance to Omani doctors. Looking for crucial issues in patient-doctor relationships as acceptance, satisfaction, trust, gender preference especially for PHC doctors ensure the continuity of care. Continuity of care is the cornerstone of primary health care. It is now well known that continuity of care leads to a better knowledge of the patient and enhances the patient's compliance, satisfaction and care, especially among chronic patients.[20-22]

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