

# Perceived Social Problems Influencing Management in the Primary Care in a Semi-Urban Tertiary Hospital in Nigeria

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## Abstract

**Background:** Research has shown that social problems do influence clinical decision making. Primary healthcare providers, such as doctors are also prone to social influences both from self and patients, which may affect clinical patient management.

**Aim:** To find out how often perceived social problems of self and patients influence doctors' decisions and management in a primary care setting.

**Methods:** The study was a survey of doctors involved in primary care in a semi-urban tertiary hospital. The doctors completed self-administered questionnaire comprising perceived social influences which often affect their decision making. Fifty doctors comprising consultants and residents involved mostly in primary care, were sampled.

**Results:** 94% of doctors were influenced by social problems of patients in the choice of management. 88% of respondents considered financial status of patients the most influencing factor, while only 24% regarded patient loneliness as a factor in clinical decision making. Other factors that notably influenced management decisions were patient's unemployment (74%), and mental and physical stress of doctors from poor work environment (54%). When perceived social problems influenced clinical decisions, the commonest types of management options offered were considerations on affordability of medication (90%), extra time for consultation (84%), issuance or prolongation of sick leave (22%).

**Conclusion:** In this environment, perceived social problems of both doctors and patients do significantly influence choice of management in 9 out of every 10 doctors in their consultations and clinical management.

## Introduction

Social problems have long been known to play a crucial role in patient management. In our environment however, there is paucity of research on this subject with no available data in searched literature. The reason is not far-fetched - social problems are either totally ignored, relegated to the background or often popularly replaced with effects, attributable to some forms of covert causes that are beyond the natural. This position obviously does not augur well for patient care.

## Subjects and Methods

The study was a survey of 50 doctors (consultants and residents) involved in primary care at Wesley Guild Hospital Annex of Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) Ile-Ife in South Western Nigeria. Convenience sampling was employed as respondents were selected based on their availability on duty at the time of conduction of the study. The doctors completed a pre-tested, modified, self administered questionnaire based on their reflection of perceived self and patient social influences which often affect their clinical decision making.

**Statistical Analysis:** Statistical Package for the Social Sciences (version 15.0) was used to analyze the data collected. Data was presented using frequency tables, bar charts, pie chart, with chi square and t test used to determine degree of association. P value of <0.005 was considered as significant.

## Results

Out of the 50 participants, 40 were males (80%), and 10 were females (20%). Figure 2 (page 12) highlights this. The age distribution of respondents is shown in Figure 3 - page 13. Mean age = (33.5years), SEM = 0.920, SD = 6.504. 12% of the respondents were below the age of 25 years, those older than 45 years (4%), doctors in the age group 26-35years (56%), while those above 36 years were 28%. Doctors with more than 10 years of clinical experience comprised only 24% and they were less likely influenced by social problems in

their management (23%) compared with doctors who had lesser duration of clinical experience (77%). There was a significant association found with duration of clinical practice and mental and physical stress of doctors (p value 0.005, df=1). Out of 54% of the doctors who responded positively to the influence of mental and physical stress associated with work, 93% of them had less than 10 years duration of clinical practice. Only 21% of those who considered spending extra consultation time with patients whom they perceived had social problems standing in the way of good patient management, ended up issuing sick leave/a sick certificate. Table 1 gives a further detailed account of these. Doctors with postgraduate medical fellowship qualification were less likely to refer patients they perceived had social problems (31%) than those with lesser qualifications. They were also less likely to refer to other consultants (35%). There was a significant association between gender and loneliness of doctors which was more strikingly pronounced in the male doctors (p value 0.047, df=1). This is displayed in Figure 4. Family splitting also had a similar effect on the choice of management embarked upon by the respondents. In situations where social factors were perceived to be present, their influence was splintered over the following frequencies : economic status (88%), extra consultation time 84%, unemployment 74%, mental and physical stress 54%, marital conflict 42%, family splitting (42%), burdening sorrow (34%), change of behavior (34%), demanding task of care giving (26%), loneliness (24%), advice (28%,) new appointment (46%), issuance of sick leave (22%), considerations on affordability of medication (90%), affordability of laboratory investigations (64%), low educational status (70%), admission (46%) and referral (64%).

## Discussion

It has been established in recent times that the roles and responsibilities of clinicians and patients are shifting, and patients must assume greater responsibility for their own health through primary

prevention. (1) This is one of the major conclusions reached in the report of the United States Preventive Services Task Force (USPSTF). However, for clinicians to empower the latter to take charge of their own health, and at the same time better serve patient needs, a good understanding of social problems that could negatively color the clinical presentation of illnesses and diseases should always be at hand. In this study, such social problems have been brought to the lime light for all to see. The personal aspects of primary care also include the important area of self care. Most symptoms are self-evaluated and self-treated without the help of health professionals (2) and a vital function of primary care is to increase self-care competence so that patients can become active partners in health care. By providing information, answering questions, and helping patients find other resources for help, primary care clinicians can foster knowledgeable and confident self care.

On issues relating to psychosocial problems, doctor-patient decisional conflict is a factor that should be considered. It is influenced by inadequate knowledge, unclear values, inadequate support, and the perception that an ineffective decision has been made. Until recently, it has been studied at the individual level, which ignores the interpersonal system between patients and physicians.(3) With this study considering social problems under the domains of the patients' factors and the physicians' factors, the interpersonal dynamics are duly considered.

In this environment, patients are more likely to conceal any social problem that they are undergoing, mainly because of cultural unacceptability of disclosure to unfamiliar persons. In a UK study by Maginin et al (4), ethnicity did not independently predict detection of psychosocial problems, but it was observed that Black Africans were less likely to say that they would talk to their General Practitioner (GP) about psychological problems. It may

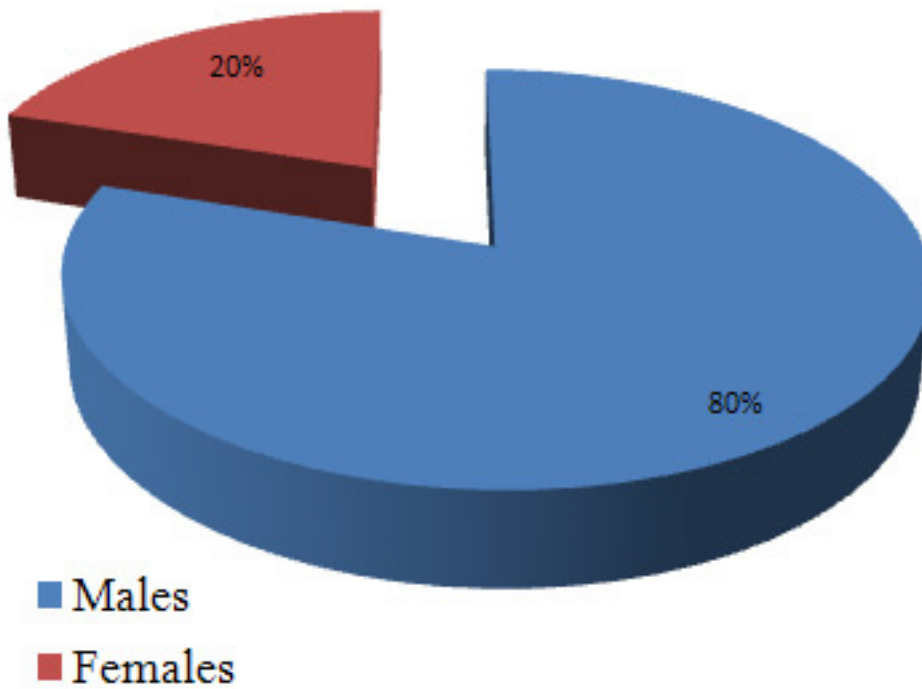
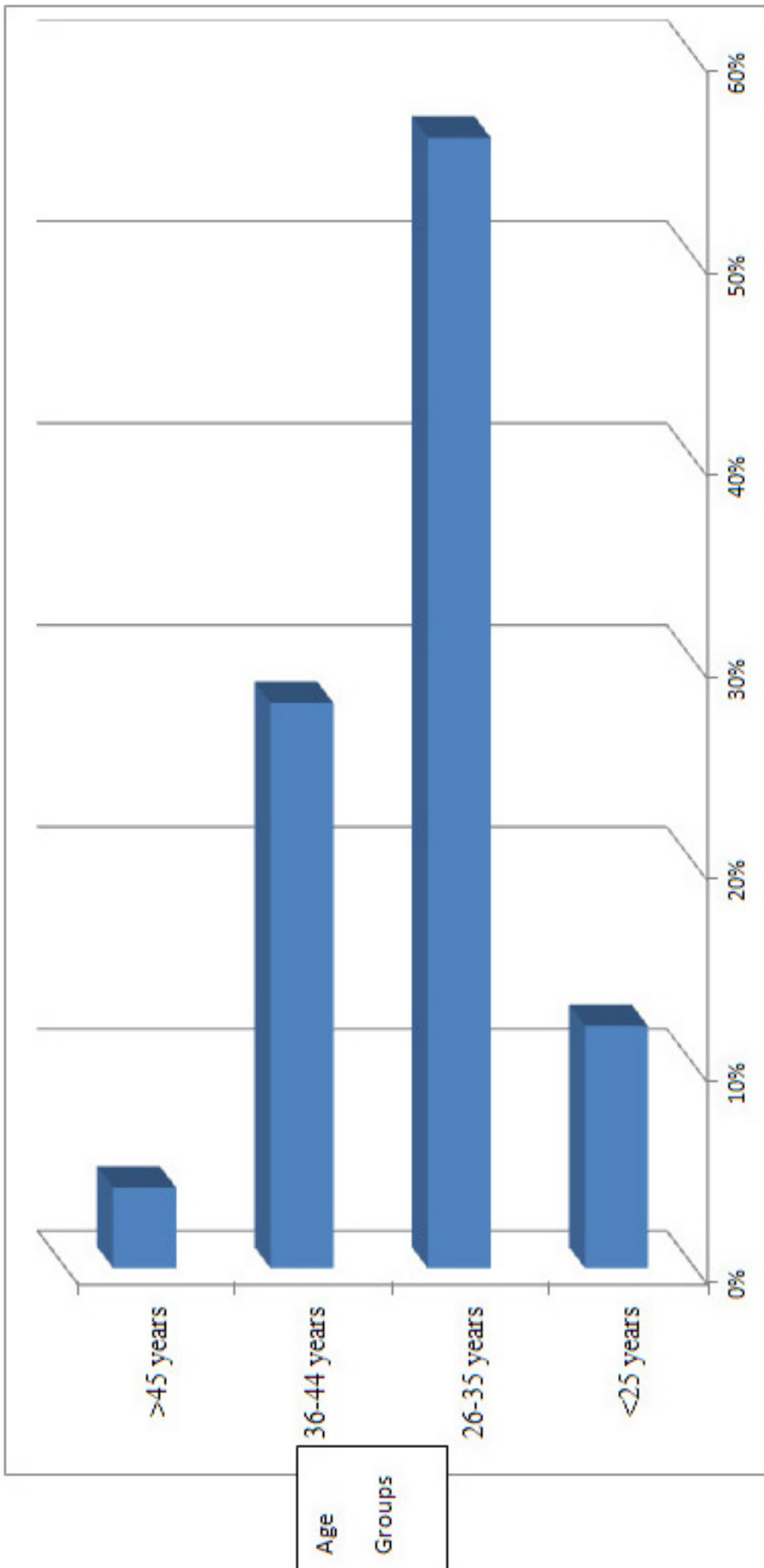


Figure 1: Gender distribution of respondents

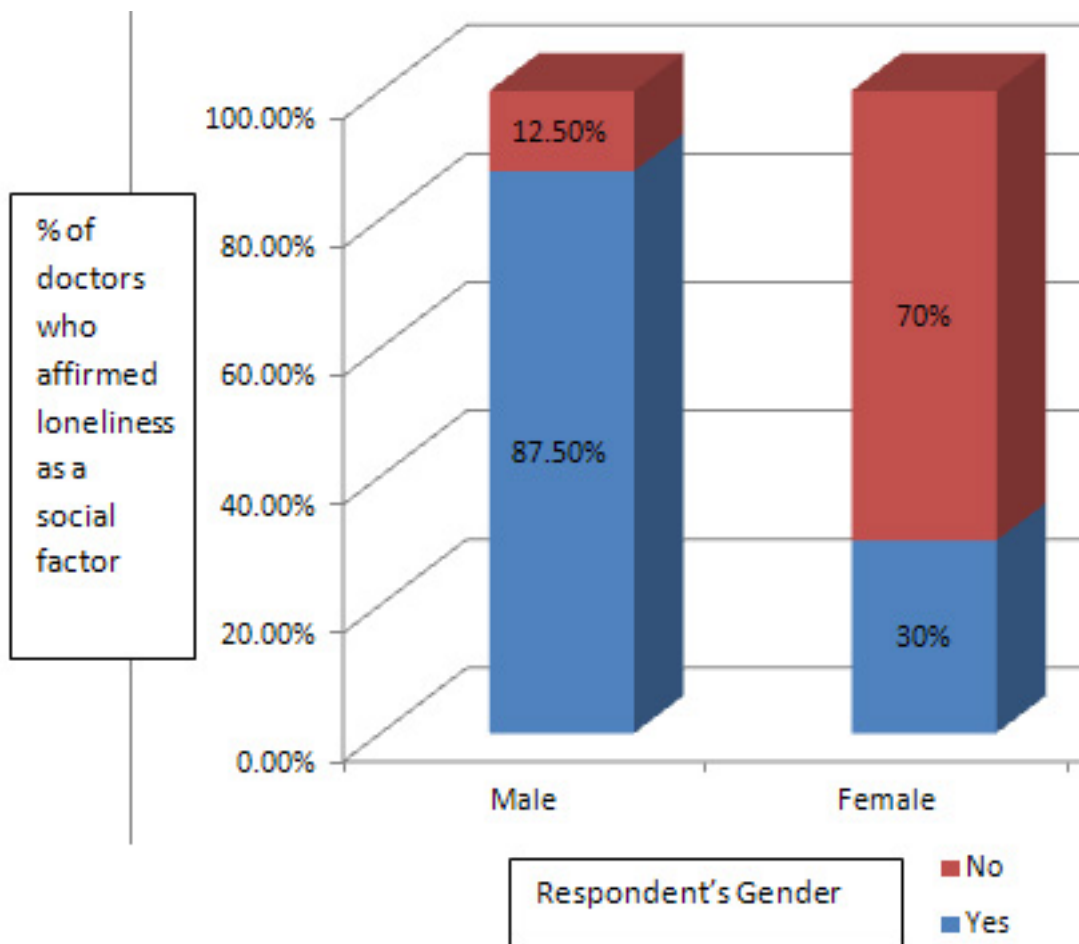
Perceived Social Problem Influencing management	Yes	No
<b>Patient's Characteristics</b>		
Economic Status of the patient	40 (80%)	10 (20%)
Loneliness on the patient's part	12 (24%)	38 (76%)
Patient's Unemployment	37 (74%)	13 (26%)
Affordability of medications	45 (90%)	5 (10%)
Sick Leave	11 (22%)	39 (78%)
Marital Conflict	21 (42%)	28 (58%)
Affordability of laboratory investigations	32 (64%)	18 (46%)
Low educational Status	35 (70%)	15 (30%)
Hospital admission	23 (46%)	27 (54%)
Referral	32 (64%)	18 (36%)
Physician's advice	14 (28%)	36 (72%)
Burdening Sorrow	17 (34%)	33 (66%)
Change of Behaviour	17 (34%)	33 (66%)
<b>Physician's Characteristics</b>		
Physician's Mental & Physical Stress	27 (54%)	23 (46%)
Loneliness on Doctors' part	38 (76%)	12 (24%)
Extra Consultation Time	42 (84%)	8 (16%)
Demanding task of caregiving	13 (26%)	37 (74%)
New patient appointment	23 (46%)	27 (54%)

Table 1: Perceived Social Problems Influencing Management



Frequency of Age Groups

Figure 2: Respondents Age Distribution



**Figure 3: Physicians' loneliness as a perceived social problem influencing care by Gender**

however be that generally, Black Africans in the UK with psychological problems are less likely to attend their GP as compared with their Caribbean and English counterparts, and as such less willing to speak to them about these problems when they do attend the GP's clinic.

Patient satisfaction with GP care in general is largely determined by their perceptions of the GP-patient relationship and GPs' interpersonal skills. Patients often report that they feel unable to discuss personal problems, (5) discouraged from asking questions, (6) and that their opinions are undervalued or disregarded. Many also report receiving inadequate information (4) and complain about structural limitations such as lack of time in the consultation. The two aspects of doctor-patient communication which were significantly associated with feeling helped were: 'Doctor tells me all I want to know about my illness' and 'Doctor gives me a chance to say what is really on my mind'. Both factors reflect care which is oriented

to patient concerns. In the light of the above, this study result provides support for importance a patient-centred approach to care (6).

Workplace conditions are a major determinant of physician well-being. Poor practice conditions can result in poor outcomes, which can erode quality of care and prove costly to the physician and health care organization. Our study revealed that physician's mental and physical stress constitute perceived problems that can influence patient care in over half of the respondents (54%).

Fortunately, these conditions are manageable. Organizational settings that are both "physician friendly" and "family friendly" seem to result in greater wellness for all (7).

In the baseline survey of Women's Health in Australia (WHA), there was a relatively high degree of satisfaction with referral, counseling and relaxation advice amongst those who received these treatments. In contrast, 20% of women who

received a prescription or were listened to by their physicians found these treatments unhelpful. Thematic analysis highlighted three main concerns for women, namely structural limitations of the GP-patient consultation, GPs' limited interpersonal skills and GPs' limited interest, knowledge and skills in mental health(8).

Patients' agendas are complex and multifarious. Only few patients voice out all their agenda in consultations. Agenda items most commonly voiced are symptoms and requests for diagnoses and prescriptions. The most common unvoiced agenda items are: worries about possible diagnosis and what the future holds, patients' ideas about what is wrong, side effects', not wanting a prescription and information relating to social context. Agenda items that were not raised in the consultation often led to specific problem outcomes (for example, major misunderstandings), unwanted prescriptions, non-use of prescriptions, and non-adherence

to treatment. In all of the 18 consultations with social problem outcomes, at least one of the problems was related to an unvoiced agenda item.

Decision making and participation are concerned with the collaboration between professional and patient. These two stakeholders in the consultation process are required to develop a list of options, from which the most suitable is chosen. (9) Engaging patients effectively in that process avoids the problems of disempowerment and 'personal identity threat' that underlie patients' dissatisfaction with health care.

As many as 90 million Americans have difficulty understanding and acting on health information. This health literacy epidemic is increasingly recognized as a problem that influences health care quality and cost. Yet many physicians do not recognize the problem or lack the skills and confidence to approach the subject with patients. (10) Further research is required to identify effective interventions that will strengthen the skills and coping strategies of both patients and providers and also prevent and limit poor reading and numeracy ability in the next generation.

### Conclusion

The study revealed that in this environment, perceived social problems of both doctors and patients do significantly influence choice of management in 9 out of every 10 doctors in their consultations and clinical management. Doctors with more than 10 years clinical experience were less likely to be influenced by mental and physical stress. Also, more male doctors perceived loneliness as a consultation -interfering social problem as against female doctors.

**Limitations:** Patients' opinion of how their own perceived social problems could influence doctor's decision making was not put into cognizance.

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