

Factors Influencing the Choice of Family Medicine as a Specialty Among Medical Students and House Officers in Tertiary Institutions in Nigeria

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Abstract

Original Research Article

Family medicine is an important specialty that provides continuous, coordinated, and comprehensive care for patients, within his or her family and the community in a holistic manner and this encompasses all ages, gender, race and every disease. Family medicine also provides comprehensive care of unselected patients with undifferentiated problems. It integrates clinical and biopsychosocial science in managing patient illness. It is a specialty that provides complete physical, mental, social, emotional, spiritual and occupational well-being of individual in within the family and the community. This study aimed to evaluate the Factors Influencing the Choice of Family Medicine as a Specialty Among Medical Students and House Officers in Tertiary Institutions in South-South Nigeria. This was a cross-sectional study involving 250 medical students (100) and house offices (150). Participants age between 18 to 47 years. A well-structured questionnaire was administered to participants. The study lasted for a period of 2 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant. The results revealed that the participants were between 18 to 47 years, 40% of the participants were male, 60% female, 68% single, medical students 40%, House officers 60%, 48% were in federal institutions, 32% state, 20% private, 80% are aware of family medicine as a medical specialty, 60% first learned about family medicine at their clinical years, 80% had clinical postings in family medicine, 80% agreed that family medicine provides comprehensive and continuous patient care, 68% agreed that family physicians have opportunities to work in diverse healthcare settings, 78% agreed that family medicine offers good career prospects in Nigeria and 80% are interested in choosing family medicine as a specialty. Family Medicine is a medical field that focused on comprehensive healthcare for people of all ages from newborns to seniors and majority of the participants are interested to choose it as their specialty.

Keywords: Factors Influencing, Choice, Family Medicine, Specialty, Medical Students, House Officers.

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INTRODUCTION

There are over 50 tertiary hospitals in the country (Healthcare resource guide: Nigeria. 2016), and these hospitals have general outpatient clinics (GOPC) staffed by Family Physicians. These GOPCs serve as the gateway to the hospitals, as most patients coming to the

hospitals pass through them. Family physicians provide first-contact comprehensive and coordinated care to these patients. They manage chronic diseases such as hypertension and diabetes and communicable diseases such as HIV, tuberculosis, neglected tropical diseases and outbreaks of emerging and reemerging infectious diseases such as Lassa fever, yellow fever and

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coronavirus disease 2019 (COVID-19). Over 70% of these patients are treated solely by FPs, reducing costs as well as waiting times, as it could take up to three weeks to see other specialists from the time of referral (Jimbo, 2004; Oseni, *et al.*, 2021). This also reduces the workload of other specialists, as the number of patients referred to them is significantly reduced (Oseni, *et al.*, 2021). The realization of the essential role played by the family physician in the provision of quality first contact care and in the judicious use of limited resources has led to an increasing need for family physicians globally (De Maeseneer, 2015; Fasolaa, *et al.*, 2019). Family physicians are specialist physicians trained to provide continued, comprehensive care for people of all ages irrespective of gender and illness (Allen, *et al.*, 2011; Fasolaa, *et al.*, 2019); as such, it is important that more medical graduates choose to specialise in Family Medicine to facilitate efficient first contact care in all strata of healthcare delivery (De Maeseneer, 2015; Fasolaa, *et al.*, 2019). Unfortunately, Family Medicine as a specialty still struggles for recognition in some parts of the world, especially in Africa, where a great need still exists in the teaching of Family Medicine at undergraduate level (Besigye, *et al.*, 2017; Fasolaa, *et al.*, 2019). The undergraduate teaching of Family Medicine may facilitate adequate and appropriate perceptions of the speciality by medical students and prevent incorrect bias against the speciality. In Nigeria, family physicians are some times perceived as being synonymous with medical officers, who are generalists with the basic medical degree and skills that are acquired from years of clinical practice without any structured postgraduate training or recertification (Hagemester, *et al.*, 2014; Fasolaa, *et al.*, 2019). Though postgraduate family medicine training has been ongoing for up to 30 years in Nigeria (Udonwa, *et al.*, 2011; Fasolaa, *et al.*, 2019), it is not reflective of inclusion of Family Medicine in undergraduate medical education. Unlike other specialties, which are introduced to medical students from the first year in medical school, under graduate Family Medicine is yet to be fully incorporated into the curriculum of many medical schools in Africa. In Nigeria, despite the introduction of Family Medicine into undergraduate school at the University of Calabar, College of Medicine in 1976 (Udonwa, *et al.*, 2011; Okokon, *et al.*, 2012; Fasolaa, *et al.*, 2019), it is difficult to explain the slow adoption in other medical schools in Nigeria. Curriculum template of 2012 (Federal Ministry of Health of Nigeria, 2012), the tenets of Family Medicine should be introduced as part of lectures in the second and third years of medical school, while clinical rotations (clerkship) in Family Medicine I (Junior clerkship) and II (Senior clerkship) should be undertaken in the first semesters of the fifth and sixth years respectively (Federal Ministry of Health of Nigeria, 2012). In Nigeria, family physicians are doctors with specialised training to manage a broad range of clinical conditions and pathologies when they first present, considering the psychosocial, economic, cultural and

environmental context of the individual and his or her family. In Nigeria, family physicians may be found at district hospitals but are more likely to be located at tertiary health care facilities, where their roles in medical education, research and clinical services cannot be over emphasised. Many patients present to tertiary facilities with primary-care problems, bypassing primary and secondary care. They are often seen initially by family physicians in general outpatient clinics, where 70% of all problems are managed without referral to other specialists. These physicians are also in charge of most of the National Health Insurance Scheme (NHIS) clinics nationwide. They are thus the gatekeepers to the majority of tertiary hospital services (Oseni, *et al.*, 2021). Family physicians (FPs) in Nigeria provide patient-centred, comprehensive, coordinated, integrated, longitudinal and holistic care to patients irrespective of their age, gender or disease presentation, in the context of their family, culture and environment (Jamouille, 2017; Oseni, *et al.*, 2021). They provide primary care to patients in primary health care (PHC) settings, district hospitals and specialist or teaching hospitals using the principles of PHC (equity, appropriate technology and self reliance, community participation, intersectoral collaboration and integrated services (Oyedeji R, Abimbola, 2014; Oseni, *et al.*, 2021). Family physicians have also strengthened the health system through their contributions to emergency, rehabilitative, geriatric and well-person care. They lead the accident and emergency units of some tertiary hospitals in the country. Their role in overseeing and coordinating the care of the elderly in the very few geriatric centres in the country cannot be overemphasized (Nigeria Health Watch, 2021; Oseni, *et al.*, 2021). The FP plays a key role in ensuring a multidisciplinary approach in care of the elderly, by coordinating other stakeholders involved in elder care, such as family members, nurses and other specialists. Despite these important roles, there has been a progressive decline in the numbers of FPs and trainees in Nigeria because of migration overseas.

MATERIALS AND METHOD

This was a cross-sectional study involving 250 medical students (100) and house officers (150). Participants age between 18 to 47 years. A well-structured questionnaire was administered to participants. The study lasted for a period of 2 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant.

RESULTS

The study revealed that the participants were between 18 to 47 years, 40% of the participants were male and 60% female (Table 1), 68% single, medical students 40% and House officers 60% (Table 2), 48% were in federal institutions, 32% State institutions, 20% private institutions, 80% are aware of family medicine as a medical specialty (Table 3), 60% first learn about

family medicine at their clinical years (Table 4), 80% had clinical postings (Table 5), 80% agreed that family medicine provides comprehensive and continuous patient care (Table 6), 78% agreed that family physicians have opportunities to work in diverse

healthcare settings (Table 7), 68% agreed family medicine offers good career prospects in Nigeria (Table 8), and 80% are interested in choosing family medicine as a specialty (Table 9),

Table 1: Sex Distribution of Respondents

Sex	Frequency	Percentage (%)
Male	100	40.00
Female	150	60.00
Total	250	100.00

Table 2: Current status

Response	Frequency	Percentage (%)
Medical student	100	40.00
House officer	150	60.00
Total	250	100.00

Table 3: Awareness of family medicine as a medical specialty

Response	Frequency	Percentage (%)
Participants who are aware that Family Medicine is a specialty	200	80.00
Participants who are not aware that Family Medicine is a specialty	50	20.00
Total	250	100.0

Table 4: Stage at which the participants first introduce to family medicine

Response	Frequency	Percentage (%)
Pre-clinical years	10	4.00
Clinical years	150	60.0
During Housemanship	70	28.00
Others	20	8.0
Total	250	100.0

Table 5: Participants who were exposed to clinical postings or rotations in family medicine

Response	Frequency (%)	Percentage (%)
Participants who were exposed to clinical postings	200	80.00
Participants who were not exposed to clinical postings	50	20.00
Total	250	100

Table 6: Family medicine provides comprehensive and continuous patient care

Response	Frequency	Percentage (%)
Agree	200	80.00
Disagree	30	12.00
Not sure	20	8.00
Total	250	100.00

Table 7: Family physicians have opportunities to work in diverse healthcare setting

Response	Frequency	Percentage (%)
Agree	220	78.00
Disagree	20	8.00
Not sure	10	4.00
Total	250	100.0

Table 8: Family medicine offers good career prospects in Nigeria

Response	Frequency	Percentage (%)
Agree	170	68.00
Disagree	50	20.0
Not sure	30	12.00
Total	250	100.0

Table 9: Participants who are interested in choosing family medicine as a specialty

Response	Frequency	Percentage (%)
Agree	200	80.00
Disagree	30	12.00
Undecided	20	8.00
Total	250	100.0

DISCUSSION

Family medicine is an important specialty that carry out or offers uninterrupted, coordinated, and total care for patients, within his or her family and the community in a holistic manner and this encompasses all ages, gender, race and every disease. Family medicine also provides comprehensive care of unselected patients with undifferentiated problems. It integrates clinical and biopsychosocial science in managing patient illness. It is a specialty that provides complete physical, mental, social, emotional, spiritual and occupational well-being of individual within the family and the community. Family Medicine is a medical that field focused on comprehensive healthcare for people of all ages from newborns to seniors. Family physicians provide continuous care and often become a long-term healthcare partner for individuals and families. Family medicine physicians also employ family medicine tools to evaluate patients in order to achieve comprehensive care. Family Medicine is a clinical specialty devoted to comprehensive, continuous healthcare for individuals and families across all ages, sexes, and diseases. It emphasizes whole-person care rather than organ- or disease-specific care. Family medicine is built on: Patient-centered care, Biopsychosocial model, Community-oriented care and Long-term relationships

The study revealed that were between 23 -32 years of age as both medical students and house officers across Federal, State and Private Institutions in South-South Nigeria and 60% were female while 40% were male. Majority of the participants were still single and can make independent decision to choose their specialty. The study also revealed that 40% were medical students and 60% were house officers and these are critical stage at which decision of what specialty to do could be taken depending on how mentorship this specialty is close and available to both medical students and house officers. Majority (60%) of the medical students were in 600 levels, 28% in 500 levels and 12% in 400 levels of study.

The research revealed that majority (80%) of the participants are aware of family medicine specialty and thus could pick interest in that field of medicine. This awareness could be that family medicine is well taught in clinicals to medical students and as they graduated and become house officers still have or retained knowledge about family medicine practice. Again, the study shows that the participants mostly clinical students were first introduce to the specialty called family medicine at their clinicals stage of study. However, few house officers get

to know about the specialty during their housemanship or internship training. Also, majority of the medical students (clinicals) had postings and also do rotation for a period of one months depending on centres, and they rotate around units such as accident and emergency, Clinics, theatre, observation rooms, side laboratories.

The study shows that majority (80%) of the participants agreed that Family medicine provides comprehensive and continuous patient care. This means that family physicians take care of people of all ages, genders, and health conditions, and they do so over long periods of time, often across a patient's entire life. Again, 78% of the study population agreed that Family medicine plays a major role in Nigerian healthcare system because it serves as the foundation of primary health care and is often the first point of contact for individuals, families, and communities. They also provides community-oriented care by considering social, cultural, and economic factors affecting health, which is especially important in Nigeria's diverse population. As such, Family physicians have opportunities to work in diverse healthcare settings because their broad training equips them to manage a wide range of health conditions across all age groups and levels of care as revealed by this study.

Amazing, majority (80%) of the participants agreed that, they are interested in choosing family medicine as a specialty and being interested in choosing family medicine as a specialty means having a desire to practice a broad, patient-centered field of medicine that focuses on comprehensive, continuous, and holistic care. Also, most of the participants agreed that Family medicine offers good career prospects in Nigeria because it is a highly needed specialty that plays a central role in healthcare delivery, with opportunities for employment, growth, and professional fulfillment and as such, several of the participants agreed that family medicine specialist are well respected among other specialists. The study shows majority of the participants agreed that availability of family medicine consultants as mentor, influences specialty choice. This availability of family medicine consultants as mentors, influences specialty choice because mentorship plays a key role in shaping medical students' and junior doctors' career decisions. Again, 80% of the participants agreed that the quality of teaching during the family medicine postings were satisfactory and motivational, meaning that the educational experience met expected standards and adequately supported learning. This also implies that the posting provided effective instruction, meaningful clinical exposure, and supportive mentorship,

contributing positively to students' learning and professional development.

CONCLUSION

Family medicine is essential to Nigeria's healthcare system because it improves access, promotes continuity of care, reduces costs, and strengthens primary health care making quality healthcare more accessible to the population. Family medicine practice also provide biopsychosocial model, community-oriented care and long-term relationships with patients and their relatives in order to achieve the optimal care.

The study revealed that majority of medical students are interested in choosing family medicine as their specialty following availability of consultants, motivations and adequate learning.

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