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RESEARCH ARTICLE

BARRIERS TO DOCTORS PARTICIPATION IN PUBLIC HEALTH CARE

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ABSTRACT

Back ground: Research activities are increasing in all the fields of medicine including dentistry but there is dearth of information about the knowledge, attitude and behavior of dental professionals for ethical principles in research, especially in the developing countries like India.
Introduction: Public Health Professionals and doctors play a very significant role in promoting and improving the health of the community. But there are some barriers that hinder them from participating.
Aim: The ultimate aim of this study is to acquire knowledge about the barriers that doctors face while participating in Public Health Care.
Material and method: A short-span study was conducted in Wardha, Maharashtra. A self-administered based study was done among 500 participants which comprised of 257 females and 243 males of different health professions. The questionnaire consisted of demographic details like age, gender and sex. The questions were close ended and they comprised of various questions. Chi square test was used to perform statistical analysis and level of significance was set at $p< 0.05$.
Result: The main method used was self-administered questionnaires with sample characteristics of 51.4% female and 48.6% male. The age distribution of the participants ranges from 25 years and above with the largest age group being 18-39 years (73.3%), followed by 40-60 years age group (25.3%) and 60 years and above (1.3%). The participants have various qualifications with 30.2% being MDS, 33.2% BDS, 16.2% MBBS, 8.6% MD/MS and 11.8% BAMS. 25-30% of male and female participants and 15-35% of participants from different qualifications stated that they sometimes encountered language problems. . 36-37% of the male and female participants and 27-43% of participants from different qualifications felt that patients follow their instructions and give proper feedback only sometimes. 33-35% of male and female participants and 25-45% of participants from different qualifications finds it difficult to explain the disease or treatment plan to people with prejudiced mind. Also 30-33% of male and female participants and 30-40% of participants from different qualifications find difficulties in working with people of different traditions and cultures which add up to the cultural and traditional barrier. Majority of participants that is 38-40% of male and female participants and 30-60% of participants from different qualifications felt that physically or mentally challenged patients creates barriers to their participation.
Conclusion: Result showed that interpersonal barrier and cultural and traditional barriers are the common barrier faced by the health professionals followed by communication barrier. Working with physically and mentally challenged patient also cause barrier in doctors' participation.

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INTRODUCTION

Public Health refers to a field that seeks to improve lives and the health of communities through the prevention and treatment of disease and the promotion of healthy behaviours such as healthy eating and exercise and proper health care. The public health system in India comprises a set of state-owned health care facilities funded and controlled by the government of India. Some of these are controlled by agencies of the central government while some are controlled by the governments of the states of India (The Public Health System).

The private healthcare sector is in charge for the majority of healthcare in India. Most healthcare expenditures are paid by patients and their families, rather than through insurance. This has led many households to suffer Catastrophic Health Expenditure (CHE) which can be defined as health expenditure that intimidates a household's capacity to maintain a basic standard of living (Jacobs *et al.*). Government expenditure has increased on health but the percentage of Gross Domestic Product (GDP) continue to fall over the years while there is rise of private health care sector, which left the poor with fewer options than before to access health care services.

Private insurance and government supported insurance schemes are available in India. In 2014 Indian government study found that about 17% of India's population was insured. Public healthcare is free for those below the poverty line (Jacobs *et al.*).

Public Health Professional and Doctors are concerned with the health of more number or bulk of people rather than concentrating on 2-3 individuals. They play major role in improving the health care facilities. Public health care professionals have better understanding of the patients conditions and health as they are in constant contact with them and this helps in reducing the health related problems. In case of outbreaks of any disease, the Public Health Professionals plays major role in helping to reduce these diseases by screening, diagnosis and reports. This indirectly helps to save the lives of many people of the community. The Public Health Professionals gives advice and care to the people for improving their health and well-being. So the Public Health Professionals can help in advancing the progress of public health as well as abolish the progress. A healthy relation between the professionals or doctors and community will be beneficial for both the parties. By participating in Public health the professionals and doctors can advance their professional skills and also helps in escalating their knowledge. On the other hand the community also benefit as they will get good and appropriate care and treatment regarding their health.

There have been many evidences that support and prove the effectiveness of doctor's participation in Public Health. Their participation in Public Health have reduced the incidence of health-related problems and also reduced the risk of many diseases and health related problems in many areas and communities (Rubio *et al.*). Despite the evidences of their major role in improving public health, many professionals face barriers which are responsible for reduction in their participation. Barriers can be in the form of work over load and lack of skills and knowledge, lack of confidence and problems regarding doctor-patient relationship like ethical and religious background, this create resistance for the doctors to perform clinical practise and to participate in Public Health Care. To overcome these barriers the first step is to identify the major barriers. It is important to evaluate the barrier for making the programmes effective. The best approach to identifying the barriers in the development of the interventions is the use of quantitative studies. The objective of the study is to perform a quantitative research on various barriers which causes resistance to doctors in participating in Public Health Care (Rubio *et al.*). Doctors and professional health workers have various employment rights and freedom that must be balanced with the rights of the patients. Employees of health care institutions have the right to a workplace free from discrimination based on race, colour, religion, sex, and national origin. The various barriers that the health professionals usually faced can be in the form of cultural, language, religion, communication, financial, infrastructure or environmental barriers. The barriers can also be from the patients' side. Some patients evade going to certain professionals due to differences in beliefs, background and class. Patients' refusal of care based on these above mentioned barriers can be painful and is a huge barrier to doctor-patient relation. Apart from the various above mentioned barriers the professionals and doctors also shows resistant in participating in public health care due to lack of time. Some professionals working in clinics or any private organizations may not get sufficient time for participation which creates a barrier. Conflict among the professionals can also create barrier in their participation. Many studies have been conducted by researches to gather information and data to find out the various barriers that keeps the doctors from participating in Public Health Care. There is need to find the barriers for doctors in public health .The best way to overcome these problems is to identify the barriers. It is important to evaluate the barriers for effective processing of the programmes. These barriers can vary widely as the doctors and other professional health care workers are faced with different lifestyles and traditions. Main objective of this study is to understand the underlying reasons and taking opinions of the participants. The best approach to identify barriers is the use of quantitative studies.

MATERIALS AND METHODS

A study was done in Wardha, Maharashtra from the month of November 2016 to March 2017. Ethical approval was attained from the Ethical Committee of the Instituite. Sample size of 500 was taken which comprised of 257 females and 243 males. The study group consisted of participants from medical and dental graduates and post graduates. A self-administered questionnaire was distributed to the Medical (MBBS, MD) and Dental (BDS, MDS) professionals and participants from Ayurvedic medicine (BAMS). The questions were close-ended and the participants were explained regarding the topic and were informed of the confidentiality. The questionnaire comprised of demographic details like age, gender and qualification. It comprised of questions exploring the medical professionals' perceptions regarding the participation in public health care. The participants were enquired about their attitude towards participation in public health, if they were provided enough infrastructures and facilities and their experience with the government and organisation. The participants were probed whether they have enough time for participating in public health. They were also asked about their capability to communicate with the patients and if they get proper feedback from the patients. They were further asked regarding their opinion on explaining treatment plans to patients with prejudiced mind and people of different traditions and cultures and their and if they faced difficulty with physically or mentally challenged patients. The data was entered into Microsoft excel sheet (developed by Microsoft Redmorld, WA). Descriptive analysis using STATA v 9.2 was done and chi square test was used for the analysis and the level of significance was taken to be >0.05

RESULTS

The main method used was self-administered questionnaires with sample characteristics of 51.4% female and 48.6% male. The age distribution of the participants ranges from 25 years and above with the largest age group being 18-39 years (73.3%), followed by 40-60 years age group (25.3%) and 60 years and above (1.3%). The participants have various qualifications with 30.2% being MDS, 33.2% BDS, 16.2% MBBS, 8.6% MD/MS and 11.8% BAMS. The above tables shows that 50-60% of male and female participants (Table 2), more that 50% of the participants of different qualifications (Table 3) agreed that it is necessary to participant in Public Health while only 0-1% of the male and female participants (Table 2) and 0-2% of participants from different qualifications (Table 3) disagreed to this. On inquiring if they get adequate infrastructure and facilities from the government for their

participation, 40-50% of both male and female participants (Table 2) and 40-65% of the participants of different qualifications (Table 3) stated that they get enough and adequate infrastructure and facilities for their participation while 4-5% of the male participants (Table 2) and 4-5% of BDS participants (Table 3) stated that they do not get adequate infrastructure and facilities at all.

Regarding the financial support 41.2% of both the male and female participants (Table 2) and 30-62% of all the participants of different qualifications (Table 3) stated that they get enough financial support from the government for their participation in Public Health meanwhile 10-12% of the male and female participants (Table 2) and 15-16% of BDS and MDS participants (Table 3) stated that the financial support they get from the government are not at all adequate. The participants were inquired whether they have any bad experience with the organization while participating in Public Health, 24-28% of male and female participants (Table 2) and 16-32% of participants from different qualifications (Table 3) stated that sometimes they have bad experience with the organization while 20-36% of male and female participants (Table 2) and 20-35% of participants from different qualifications (Table 3) stated that they do not have any bad experience at all with the organization during their participation in Public Health. 0n asking whether they participate with their colleagues in social activities, 38-39% of the male and female participants (Table 2) and 23-25% of participants from different professionals (Table 3) stated that they often participate in social activities with their colleagues. Only 1-2% of male and female participants (Table 2) and 1-3% of participants from different qualifications (Table 3) stated that they do not participate at all in social activities with their colleagues.

In the tables, 28-38% of both female and male participants (Table 2) and 30-42% of participants with different qualifications (Table 3) agreed that they do not have any fear at all in communicating with group of people. While 20-22% of male and female participants (Table 2) and 10-30% of participants of both different qualifications (Table 3) stated that they sometimes have fear in communicating with group of people. Regarding the language, 30-38% of male and female participants (Table 2) and 28-40% of participants of different qualifications (Table 3) stated that they do not have any language problem in communicating with the patients. Whatever instructions are given 30-40% of male and female participants (Table 2) and 40-45% of participants from different qualifications (Table 3) feel that patients often follow the instructions given to them. While 0-3% of both male and female participants (Table 2) and pa 1-3% of participants having different qualifications (Table 3)feel that patients do not follow at all. 44-48% of male and female participants (Table 2) and 32-63% of participants from different qualifications (Table 3) stated that they get proper feedback from the patients. While 2-5% of male and female participants (Table 2) and 1-7% of participants from different qualifications (Table 3) stated they do not get proper feedback at all. Participants were inquired if they have difficulty in explaining the disease and treatment to the patients, 33-35% of male and female participants (Table 2) and 25-45% of participants from different qualifications (Table 3) agreed that they face difficulty in explaining the disease and treatment to the patients. 30-33% of male and female participants (Table 2) and 20-40% of participants from different qualifications (Table 3) stated that they face problem in working with people from different cultures and traditions. While around 24% of the male and female participants (Table 2) and 20-30% of participants from different qualifications (Table 3) stated that they do not face any difficulties at all in working with people from different cultures and traditions. On enquiring the participants whether they have problem working with patients having physical or mental disorder, 38-40% of male and female participants (Table 2) and 30-60% of participants from both different qualifications (Table 3) stated they face difficulty in working with physically and mentally challenged people, amongst them participants from MBBS have highest percentage of 65%. 40-43% of male and female participants (Table 2) and 30-46% of participants from different qualifications(Table 3) agreed that they often participate in Public health in which participants from BAMS having the highest percentage. While 2-5% of male and female participants (Table 2) and 2-4% of participants from different qualifications (Table 3) claimed that they do not get time at all for participating in Public Health.

DISCUSSION

Public health care is very important aspect of the health care system in India. Preventing the diseases at primary level and in rural areas is important for the overall health care system throughout the country and it is the area where more numbers of doctors are required to participate, but due to various barriers not many doctors are able to participate in the public health care. This research was done to identify the major barriers for the doctors to participate in the public health care. This research elaborates the doctor's perceptions regarding the problems that they face while participating in public health care. On evaluating the responses from the participants it was found that 50-60% of the male and female participants and 50% of participants from different qualifications agreed that it is necessary for doctors to participate in public health care as it will contribute towards the welfare of society. When questioned about the facilities and infrastructure as well as financial support by the government, most of the participants felt they get enough of it that help them in participating in Public Health. Similar study was conducted by on 15 September 2012 and article was acquiesced, in this study the same result was attained. It was found that the government tried their best by providing necessary financial support and infrastructure required for implementing health care in rural as well as in urban areas through National Rural Health Mission (NRHM), National Urban Health Mission (NUHM) to provide affordability and accessibility for rural as well as urban population. Also the government has provided various tools and devices for use in public health care through Public Private Partnership which momentously aids in improving the health care of the people in rural as well as in urban areas. This indicates that finance does not cause a barrier in doctors' participation in Public Health Care in India. 20-35%of male and female participants and 22-35% of participants from different qualifications felt they had no bad experience with the organisation this creates advantage in participating. A study was conducted among the health professional workers in two different states in India. Similar result was found, in which the health professionals were in good relation with the organization (Peters *et al.*).

Majority of the male and female participants that is 38-39% agreed that they often participate in social activities along with

their colleagues, this indicates that the health professionals cooperates with the government in improving the health of people. And most of the participants from the both the gender as well as different professionals and participants from different age group do not have fear to communicate with group of people this indicates that they are frequently exposed to community health programmes and minimizes the intrapersonal barrier. 25-30% of male and female participants and 15-35% of participants from different qualifications stated that they sometimes encountered language problems which could be because of different dialects and local languages which add up to the language barrier. A similar study was conducted in India in 2013. In which it was found that differences in language is one of the most common barrier for health professionals in their field of work (Narayan, 2013). There is a need to create better mechanism for functional knowledge for professionals as well as students to obtain a functional knowledge of the language they encounter in clinic and hospitals (Narayan, 2013). Overcoming the language barrier will improve the patient-doctor relationship which can further improve the health status of the patient. If the patient understands the doctor's instructions clearly (i.e. in his own language) then he will be fortified to follow those instructions better which will be beneficial for both the patient and the doctor. 36-37% of the male and female participants and 27-43% of participants from different qualifications felt that patients follow their instructions and give proper feedback only sometimes which could be because patients are not health conscious enough which add up to the interpersonal barrier. 33-35%of male and female participants and 25-45% of participants from different qualificati finds it difficult to explain the disease or treatment plan to people with prejudiced mind. This could be because the patients have preconceived notions regarding their health and can also be due to less knowledge about the disease and treatment by the professional and it could also be due to language problem which indicates interpersonal barrier.

Also 30-33% of male and female participants and 30-40% of participants from different qualifications find difficulties in working with people of different traditions and cultures which add up to the cultural and traditional barrier. In 2011 a case study was done in India. They found that though India is a country of diverse range of culture, religion and traditions these can sometimes give rise to challenges in the context of managing commonly presenting illness (Worthington and Gogne). The role played by culture and religion in Indian culture is indisputable, but it must be remembered that cultural tradition and religious beliefs are not necessarily the same thing. It is important for the doctor and professional to respect the culture and tradition of the people in different places because this can cause a barrier or on the other hand improve the progress of the treatment. Also it must be borne in mind that people with different cultural, religious and demographic profiles will not always react in the same way. Majority of participants that is 38-40% of male and female participants and 30-60% of participants from different qualifications felt that physically or mentally challenged patients creates barriers to their participation which can be because the management of these patients becomes difficult due to lack of the special care facilities outside the clinic and lack of cooperation from the patient. This barrier can also occur when the professional has inadequate skill to work with the physically and mentally challenged patient, which could be overcome by providing training to the professional workers. There is a clear indication that the intrapersonal barrier is minimum as most of the health professionals agreed that they participate and they often get adequate time for participating in Public Health.

Recommendations

A volunteer can be selected from the community members, this volunteer can be trained to represent the whole community which can be helpful in communication between the health professionals and community, which may further help in reducing the communication as well as cultural and traditional barriers. Policies which provide job opportunities to the doctors can be framed and brought into implementation in order to increase their participation in Public Health Care. In the same way, training programmes can be organized for the health professionals for the enhancement of their skills and knowledge in managing the physically and mentally challenged patients.

Limitations

The research was done only in Wardha city, so it is not possible to consider this study as a generalization of Indian Health professional workers. Lack of interest among the participants makes it difficult to receive honest feedback. Questionnaires based study was conducted therefore the researcher's understanding to respondent's answers is limited.

Conclusion

We have seen many barriers that affect doctors' participation to public health care. Resolving these barriers can provide effective treatment to public health care and help in minimizing the spread and outbreak of diseases. Interpersonal and cultural and traditional barriers were the most common barriers, followed by the communication barrier and also working with the physically and mentally challenged patients creates barrier for the participation of doctors in Public Health Care.

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