



Attitude Of Employed Mothers and Housewives Toward Family Physicians in Primary Health Care Centers

Nibras Salih Ismael¹ & Shahad Hussein Kadhim²

^{1,2}M.B.Ch.B., C.A.B.S. Specialist in Family medicine, Baghdad teaching hospital/medical city/, Baghdad, Iraq.

Corresponding Author: Nibras Salih Ismael, **Email:** dr.nibrassalah@gmail.com

Received: 7th May 2025

Accepted: 24th June 2025

Published: 5th August 2025

ABSTRACT

Aim of study: To evaluate the attitude of Employed mothers and housewives toward family physicians in primary health centers and to identify the general satisfaction of participants with the services provided by Family physicians. **Method:** A cross-sectional study was conducted in 4 primary health care centers in Baghdad (AL-Resafah sector, AL-Karikh sector), period from 1st of January 2019 to 1st of June 2019. Sample of a study from a mother who attending the PHCC who have multiple visits, information was obtained by interviewing participants and data entry and analysis was done by using (SPSS-24) then categorized into tables and figures. **Result:** A total of 250 participants included in this study, the most common age groups was 25-45 years. 62% were married and the rest were either widow or divorced. 72.8% were living in urban area and the rest 27.2% were from rural area. Nearly half of participants were Employed, 112(44.8%) of participants they prefer physicians' age \geq 45y, 128(51.2%) of participants they have no difference for preferring physicians' gender. **Conclusion:** More than half of participants have good attitude toward family physician. There was no statistically significant difference with some of participants' characteristics and satisfaction level. Some of participants showed dissatisfaction with the appointment for the next visit and more than half showed dissatisfaction with the waiting time.

Keywords: Attitude, Employed mothers, housewives, family physician, primary health centers

INTRODUCTION

Family medicine is the medical specialty that provides continuing and comprehensive health care for the individual and family. It is the specialty in breadth, which integrates the biological, clinical, and behavioral sciences. The scope of family practice encompasses all ages, both sexes, each organ system, and every disease entity (AAFP, 2019).

The family physician is a physician who is trained and educated in family practice, a broadly encompassing medical specialty, family physicians possess unique skills, knowledge, and attitudes which qualify them to provide health maintenance, continuing and comprehensive medical care, and preventive services to each member of the family regardless of sex, age or type of problem, be it social, biological, or behavioral. These specialists, because of their interactions with the family and their background are best qualified to serve as each patient's advocate in all health-related matters, including the health services, community resources and appropriate use of consultants (Gutierrez et al., 2002).

Family physicians is expected to be responsive to their patients' needs and expectations in everywhere. Satisfaction of the patient has long been considered an important component when measuring quality of care and health outcomes (Almoajel et al., 2014).

Dissatisfaction it become when patients expectations are not met. Patient's expectation and knowledge of a good family physicians can vary widely across cultures, because in different countries there are differences in health care services. Aim of the study: To evaluate attitude of employed mothers and housewives toward Family physicians in primary health care. To identify general satisfaction of participants to the services provided by Family physician. To identify if there is relation between participants socio-demographic and their general satisfaction. To identify the preference of participants to physician regarding their sex and age.

METHODOLOGY

A descriptive cross sectional study was conducted from 1st of January 2019 to the 1st of July 2019. This study was done in Baghdad in primary health care centers in both AL-Karikh sector (two PHCCs AL Mansour Health center, AL Adel Health center) and AL-Resafah sector (two PHCCs AL-Mustansiryah Health center, Bab ALmuadham Health center) and selection of PHCCs was done randomly. This study was conducted over period of six months from the 1st of Jan to the 1st of July. The sample of this study was collected in two days per week.

A convenient sample of 250 clients from employed mothers and housewives who visit the PHCCs for different medical problems and after agreed to participate in this study after explain the purpose, aim and objective of study. The data was collected by using a questionnaire through direct (face-to face) interview with each client after their agreement, and the aim, purpose, objective of study explained to the participants and their names not use in this study to ensure confidentiality. Data entry and analysis was done by using statistical package for social sciences software version 24 (SPSS-24) and Microsoft office excel 2013, data were expresses as number, percentages. The chi-square (χ^2) test used to show the association between variables when $p < 0.05$ was considered as a cut-off value for significance.

RESULTS

Descriptive statistics:-

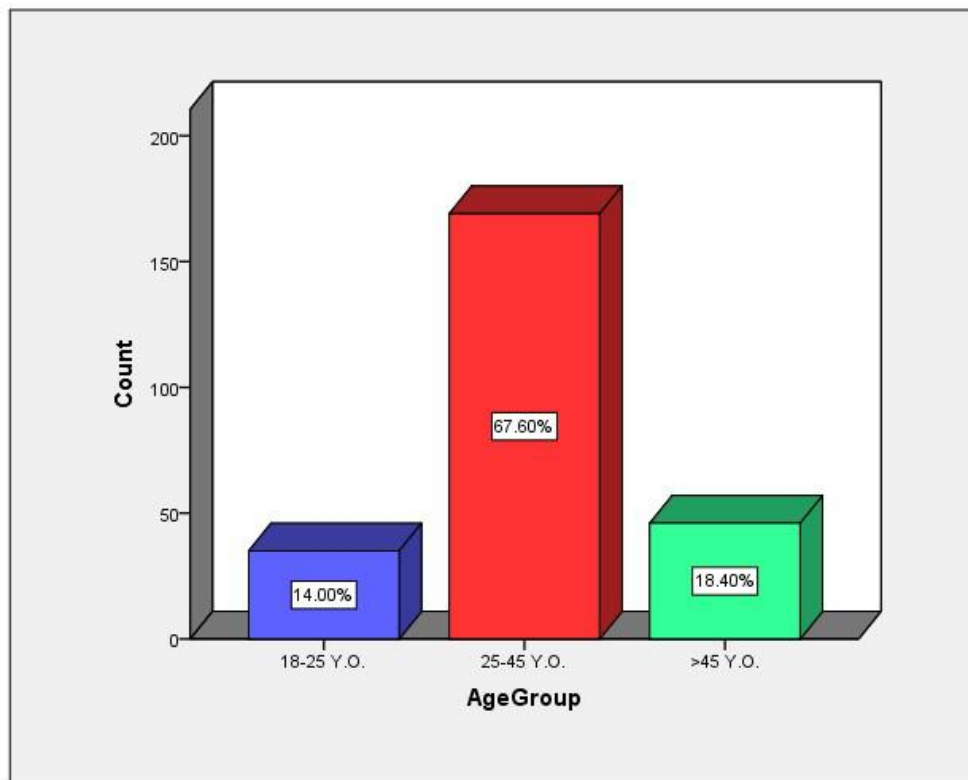


Figure 1: Distribution of participants among age groups

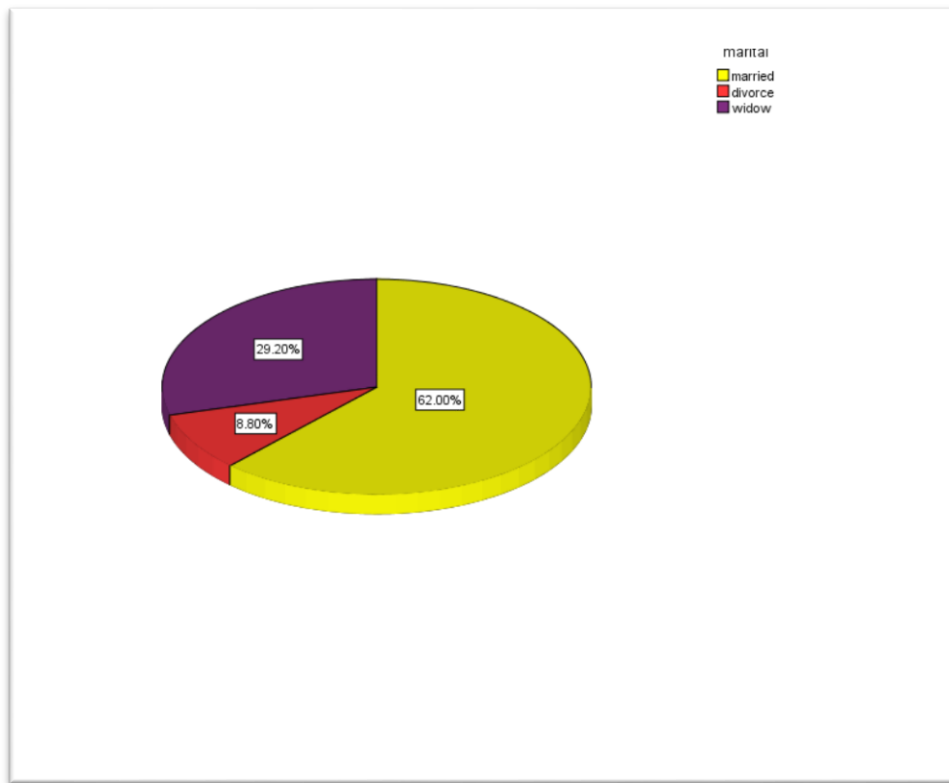


Figure 2: Distribution of participants' marital status. For the marital status, 155 were married with percentage of (62%), 22 (8.8%) were divorced, 73 (29.2%) were widowed.



Figure 3: Distribution of participants' residency. For residency, 182 of participants were living in urban area with percentage (72.8%), while 68 were living in rural area with percentage (27.2%).

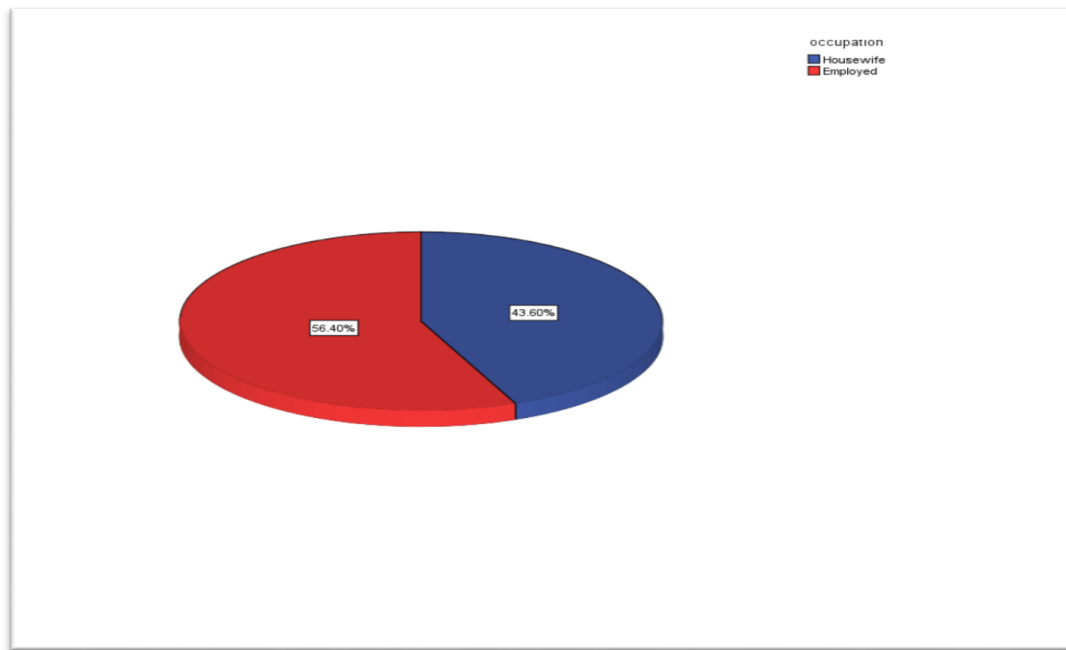


Figure 4: Distribution of participants' occupations. Participants' occupation was categorized into: Housewife 109 with percentage (43.6%), Employed mother 141 with percentage (56.4%).

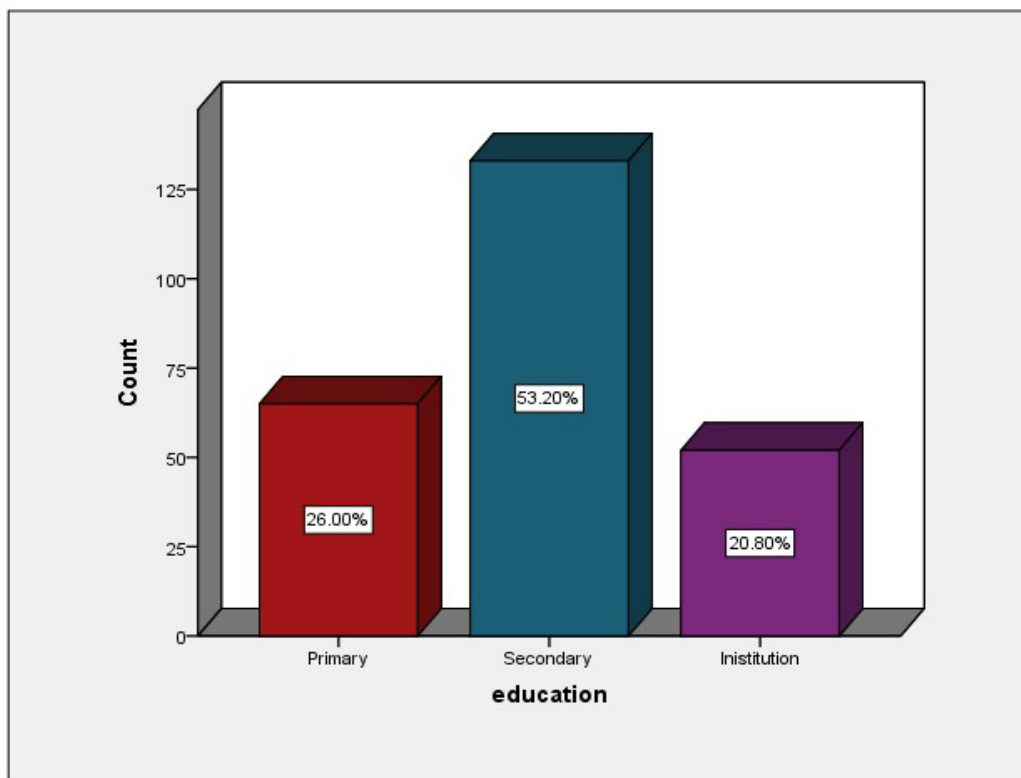


Figure 5: Distribution of participants' educational level.

Table 1: *Distribution of participants according to their attitude toward Family physicians*

Questions	Agree	Disagree	Don't know	Total
Do you think that the patient must visit PHC doctors before going to the hospital?	179(71.6%)	20(8%)	51(20.4%)	250
Do you think that the family physician always does clinical examination for you?	142(56.8%)	108(53.2%)	0	250
Do you think that family physician always must available at primary health care center?	58(23.2%)	9(3.6%)	183(73.2%)	250
Do you think that same physician is must available in each visit?	201(80.4%)	44(17.6%)	5(2%)	250
Do you think that family physician must follows your health status and send you for lab tests?	197(78.8%)	53(21.2%)	0	250
Do you think that family physician have excellent communication skills?	171(68.4%)	17(6.8%)	62(24.8%)	250

Do you think that family physicians provide comprehensive and continuous health care?	159(63.6%)	48(19.2%)	43(17.2%)	250
Do you think that the family physician is very understanding?	187(74.8%)	53(21.2%)	10(4%)	250

Do you think that family physician fixes notes about your new health condition?	154(61.6%)	40(16%)	56(22.4%)	250
Do you feel that family physician give you enough information and details about your health problem?	151(60.4%)	85(34%)	14(5.6%)	250
Do you think that consultation time is fair enough?	151(60.4%)	95(38%)	4(1.6%)	250
Do you think that your health data confidentially dealing by family physician?	163(65.2%)	25(10%)	62(24.8%)	250
Are you satisfied with PHC doctors?	191(76.4%)	40(16%)	19(7.6%)	250
DO you have absolute faith and confidence in family physicians?	145(58%)	77(30.8%)	28(11.2%)	250
DO you think that family physician referring you to another specialist or to the hospital when you need?	215(86%)	35(14%)	0	250
DO you think that medicine prescribe for you from family physician with full instructions?	164(65.6%)	53(21.2%)	33(13.2%)	250
Are you satisfied with family physician in given you appointment for the next visits?	99(39.6%)	141(56.4%)	10(4%)	250

DO you think that family physician sharing with you your management decision?	179(71.6%)	62(24.8%)	9(3.6%)	250
DO you think that family physician dealing with you in a respectful manner with dignity?	228(91.2%)	22(8.8%)	0	250
DO you think that family physician respect your privacy during interview and clinical exam?	235(94%)	15(6%)	0	250
DO you think that family physicians should ask about your psychological and social problems?	156(62.4%)	45(18%)	49(19.6%)	250
DO you think that family physician giving you the best available treatment?	201(80.4%)	23(9.2%)	26(10.4%)	250
DO you think that the distance from your home and the PHC center it is suitable?	211(84.4%)	39(15.6%)	0	250
Do you think that the time interval since your arrival at the PHC until the doctor sees you is long?	168(67.2%)	82(32.8%)	0	250

This table shows that 179 (71.6%) agreed that the patient must visit a PHC doctor before going to the hospital. The answers of most participants for the majority of questions were positive, but regarding the family physician must always be available at the primary health care center only.

Table 2: *Distribution of participants between attitude scores and their statistical significance.*

	Attitude categories according to Total score	
--	--	--

		Total Attitude score <50%		Total attitude score >50%		P-value
		Count	Table N %	Count	Table N %	
Age Group	18-25 Y.O.	8	3.2%	27	10.8%	0.027*
	25-45 Y.O.	64	25.6%	105	42.0%	
	>45 Y.O.	9	3.6%	37	14.8%	
Marital	married	38	15.2%	117	46.8%	0.001*
	divorce	13	5.2%	9	3.6%	
	widow	30	12.0%	43	17.2%	
No of kids	1	3	1.2%	27	10.8%	0.001*
	2	35	14.0%	7	2.8%	
	3	0	0.0%	78	31.2%	
	>4	43	17.2%	57	22.8%	
Residenc y	Urban	56	22.4%	126	50.4%	0.367
	Rural	25	10.0%	43	17.2%	
Education	Primary	38	15.2%	27	10.8%	0.001*
	Secondar y	34	13.6%	99	39.6%	
	Institution	9	3.6%	43	17.2%	
Occupatio n	Housewif e	38	15.2%	71	28.4%	0.465
	Employed	43	17.2%	98	39.2%	
*p- value < 0.05 statistically significant using chi-square test.						

For age group, only (25.6%) got poor score with age25-45y while the majority of age groups percentage got good score showed in the table 4.6. pvalue0.027 was statistically significant. For Educational level, institution 9 of 52 scored poor while (15.2%), (13.6%) whom completed

primary and secondary school respectively scored poor. P-value 0.001 was statistically significant.

Table 3: *Distribution of participants between attitude scores and their statistical significance.*

		Attitude categories according to Total score				P-value
		Total score <50%	Attitude	Total score >50%	attitude	
		Count	Table N %	Count	Table N %	
prefer physicians age according to age of clients	28-45y	30	12.0%	21	8.4%	0.001*
	≥45y	0	0.0%	112	44.8%	
	no difference	51	20.4%	36	14.4%	
prefer physicians gender according to age of clients	Male	0	0.0%	53	21.2%	0.001*
	Female	30	12.0%	39	15.6%	
	no difference	51	20.4%	77	30.8%	
*p- value < 0.05 statistically significant using chi-square test.						

Regarding preference physicians' age: none of the 112 of participant's with Age≥45y scored poor, while 30 and 51 of participants whom prefer physicians' age28-45y, and no difference respectively scored poor. P-value 0.001 was statistically significant.

Table 4: *Participants' attitude scores*

			Count	Table N %
Attitude categories according to Total score	Total score <50%	Attitude score	81	32.4%

	Total attitude score >50%	169	67.6%
--	------------------------------	-----	-------

The participants' attitude scores were divided into good when they scored equal to or more than 50% and poor when they scored below 50%. 169(67.6%) got a good score, while 81(32.4%) got a poor score.

DISCUSSION

The current study showed participants distribution among age group 25-45y to be the most age group with percentage 67.6%, more than half of females were married, living in urban area, completed secondary school, 56.4% were Employed, some of these finding consistent with study done in Pakistan 2012 were 49.4% of their participants housewives according to Ali et al. Najar AV et al, in Iran 2012, were 92.18% married, and with Ahmed et al, in Canada 2002⁽⁸⁴⁾ were 77.3% of women married and about 55.3% employed.

There is significant association between Educational levels and their preference to the physicians' gender, 34.0% of participants those completed secondary school (highest rate) and nearly half from total number of different Educational levels showed no difference with physicians' gender this finding consistent with Canadian study in 2002, which showed two-third have no difference to the physicians' gender when health care needs for general ailments or life threatening conditions, Study done in Riyadh, Saudi Arabia in 2019, showed highest number from 1650 females they prefer female physician because they believed female physicians are more understandable. While study done in United States 2016, which showed preference to the male physician this may be due to the many patients believes that male doctor more efficient, more dependable, and more competent, which inconsistent with our study, our study showed no significant association between age groups and their preference to the physicians' gender.

More than half of participants showed agreement regarding family Physicians' understanding which correlate to good relationships with the Doctors this finding consistent with study done in KSA 2001: Saeed et al Which showed highest rate of agreement, were 75% of participants satisfied with overall physicians' services.

In current study 60.4%, 65.2% of participants showed agreement were the consultation time is fair enough and the data confidentiality dealing by family physician respectively these finding consistent with study done in Slovenia 2015, which showed 70.6% of agreement, and in the

same study about 65.9% of their client showed satisfaction from appointment system which inconsistent with our study were 56.4% of participants they reported disagreement about appointment for the next visit, this sign for dissatisfaction which consistent with AL-Sakkak MA et al, in Riyadh 2008, showed dissatisfaction from appointment system. Changes should take place to improving our appointment system, providing regular appointments and applying a recall system in PHCCs, and the last study showed satisfaction about consultation time which consistent with our study.

More than half of participants they have confidence in family physicians consistent with studies done in Denmark 2008, Tehran 2011, which showed highest level of confidence and trust with family physicians.

Communication skills play an important role in understanding patients' Health problems to make good relationships and batter outcomes it easier for patient to express their feelings, in current study more than half of participants showed agreement that the doctors have good communication skills this finding consistent with Australian study 2004, and with study done in Taiwan 2009.

In current study more than half of participants showed agreement that the doctor should ask about psychological and social problems this finding consistent with study done in Pakistan ,50.6% of their clients showed agreement it consider excellent percentage of response for their study which consistent with Jenaabadi et al study, showed necessity of paying attention to patients' emotions and their psychological problems that associated with health status because it improve health problem and with better outcomes, and in the same study showed highest rate of agreement that the physician give enough information's about their health problems which consistent with current study, and also consistent with studies done in Europe 2000, in Denmark 2008, they showed highest level of satisfaction regarding the explanation and sharing the decision of management health problems which consistent with this study.

Giving the best available treatment, privacy in examination confidentiality ,respectful behavior of physician, comprehensive care these finding showed highest rate of agreement and consistent with study done in Tehran 2011, and in the same study about 51.3% of their clients agreed that the distance from the home to the PHCC was suitable which Consistent with our study.

A satisfied patient is more likely to develop a longer lasting and deeper relationship with their medical provider, leading to better health outcomes, continuity of care, and improve compliance.

In our study the results showed knowledge of Employed mothers better than knowledge of housewives this finding may be due to working mother is more educated, more informed about social media and has more social relationships, and also shows attitude of mothers who have more children were better than the rest this finding may be due to these mothers had multiple visits to various health problems or vaccines or pre-school tests and had antenatal care.

CONCLUSION

Around half of the respondents agreed that the same physician must be available with each visit. Assessment shows that a high percentage of respondents have with good attitude toward family physicians. The study concludes that the attitude as well as satisfaction of employed mothers is much better than that of housewives.

RECOMMENDATIONS

It is necessary to create Health awareness among the general public and encourage the general and social media to focus on medical subjects about the importance, who they are, and the role of family physicians. Patients' satisfaction levels should be continuously observed every six months to develop health care services which delivered by family physicians.

Repeating this study with a larger number of participants, more Primary Health Care centers, and with a longer period.

REFERENCES

- AAFP. Definition of family medicine. American academy of family physician. Available from: <https://www.aafp.org/about/policies/all/family-medicine-definition/>
- Al-Sakkak MA, Al-Nowaiser NA, Al-Khashan HI, Al-Abdrabulnabi AA, Jaber RM. Patient satisfaction with primary health care services in Riyadh. Saudi medical journal. 2008 Mar 1;29(3):432.
- Ali NS, Khuwaja AK, Kausar S, Nanji K. Patients' evaluations of family practice care and attributes of a good family physician. Quality in primary care. 2012;20(5):375-83. Available from: <https://europepmc.org/abstract/med/23114005> , (Accessed on 20th /June/2019).
- Almoajel A, Fetohi E, Alshamrani A. Patient satisfaction with primary health care in Jubail City, Saudi Arabia. World Journal of medical sciences. 2014; 11(2):255-64. (Accessed on 20th/march/2019).
- Alyahya G, Almohanna H, Alyahya A, Aldosari M, Mathkour L, Aldhibaib A, Al-Namshan Y, Al-Mously N. Does physicians' gender have any influence on patients' choice of their treating physicians?. Journal of Nature and Science of Medicine. 2019 Jan 1;2(1):29. Available from: www.jnsmonline.org/article.asp?issn=2589-627X;...2019;...Alyahya
- Farah Ahmad, Hansa Gupta, Jenna Rawlins, Donna E Stewart, Preferences for gender of family physician among Canadian European-descent and South Asian immigrant women, Family Practice, Volume 19, Issue 2, April 2002, Pages 146–153.
- Grol R, Wensing M, Mainz J, Jung HP, Ferreira P, Hearnshaw H, Hjortdahl P, Olesen F, Reis S, Ribacke M, Szecsenyi J. Patients in Europe evaluate general practice care: an international comparison. Br J Gen Pract. 2000 Nov 1;50(460):882-7.
- Gutierrez C, Scheid P. The history of family medicine and its impact in US health care delivery. In PRIMARY CARE SYMPOSIUM 2002, May.
- Himmelstein MS, Sanchez DT. Masculinity in the doctor's office: Masculinity, gendered doctor preference and doctor–patient communication. Preventive medicine. 2016 Mar 1;84:34-40. Available from: <https://doi.org/10.1016/j.ypmed.2015.12.008>
- Infante FA, Proudfoot JG, Powell Davies G, Harris MF, Bubner TK, Holton CH, Beilby JJ. How people with chronic illnesses view their care in general practice: a qualitative study. Medical Journal of Australia. 2004 Jul;181(2):703.
- JENAABADI H, ABILI K, NASTIEZAIE N, YAGHUBI NM. The gap between perception and expectations of patients of quality of treatment centers in Zahedan by using the Servqual model. Payesh. 2011;10:449–57.
- Kert S, Švab I, Sever M, Makivić I, Pavlič DR. A cross-sectional study of socio-demographic factors associated with patient access to primary care in Slovenia. International journal for equity in health. 2015 Dec;14(1):39.
- Saeed AA, Mohammed BA, Magzoub ME, Al-Doghaither AH. Satisfaction and correlates of patients' satisfaction with physicians' services in primary health care centers. Saudi medical journal. 2001 Mar 1;22(3):262-7.

- Sohrabi MR, Albalushi RM. Clients' satisfaction with primary health care in Tehran: A cross-sectional study on Iranian Health Centers. *Journal of research in medical sciences: the official journal of Isfahan University of Medical Sciences*. 2011 Jun;16(6):756. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3214393/>
- Tung YC, Chang GM. Patient satisfaction with and recommendation of a primary care provider: associations of perceived quality and patient education. *International Journal for Quality in Health Care*. 2009 Mar 2; 21(3):206-13. Available from: <https://academic.oup.com/intqhc/article/21/3/206/1796732>
- Vedsted P, Heje HN. Association between patients' recommendation of their GP and their evaluation of the GP. *Scandinavian journal of primary health care*. 2008 Jan 1;26(4):228-34. Available from: <https://doi.org/10.1080/02813430802294886>. (Accessed on 29th /June/2019).
- Vafae-Najar A, Nejatzadegan Z, Pourtaleb A, Kaffashi S, Vejdani M, Molavi-Taleghani Y, Ebrahimipour H. The quality assessment of family physician service in rural regions, Northeast of Iran in 2012. *International journal of health policy and management*. 2014 Apr;2(3):137. Available from: doi: [10.15171/ijhpm.2014.35](https://doi.org/10.15171/ijhpm.2014.35) (Accessed on 15th /June/2019).