



2022

NEEDS OF FAMILY DOCTORS: THE ANALYSIS OF SELF-
ASSESSMENT QUESTIONNAIRE

BRIEF REPORT



<https://hera-youth.ge/>

Introduction

Family doctors are the main gatekeeper in the primary health care system of Georgia. In the past five years, considerable policy strides have been made in Georgia to transform service delivery based on a primary health care approach and embrace universal health coverage. Nevertheless, the number of referrals to family doctors in Georgia is low, distrust and undeveloped professional education are among the reasons.¹

According to the study “Research of Sexual and Reproductive Health service accessibility for young people²” conducted by the association HERA XXI, some young people had a negative experience of visiting doctors. The negative experiences were mainly reported by young women study participants and representatives of the queer community. Negative experiences with doctors are mainly related to mocking or inappropriate attitudes on their part (e.g mocking remarks about a patient's weight), poor qualification of doctors, and negative personal attitudes.

Young people are one of the most vulnerable groups. Depending on their age or needs, family doctors need to be able to choose the right approach for them. This report is an analysis of the family doctor self-assessment questionnaire, that identified the challenges and needs of family doctors to provide effective sexual and reproductive health services to young people. The Evaluation of the findings of data will help primary health care specialists to take effective steps to work with youth and to improve the quality of youth-friendly services. Findings will also be important in the process of creating a training design for family doctors.

Methods

The self-assessment questionnaire provided by the “Eesti Seksuaaltervise” was translated into Georgian. The survey was conducted online, using Google Form. A certain number of questionnaires, as needed, was provided in hard copy to family doctors in clinics, and then the data was entered in the same form for processing. The questionnaire consisted of three primary sections: a demographic block, a readiness assessment of family doctors, and a challenge and needs identification block.

¹ [1] <https://heconomic.files.wordpress.com/2018/08/verulava-1.pdf>

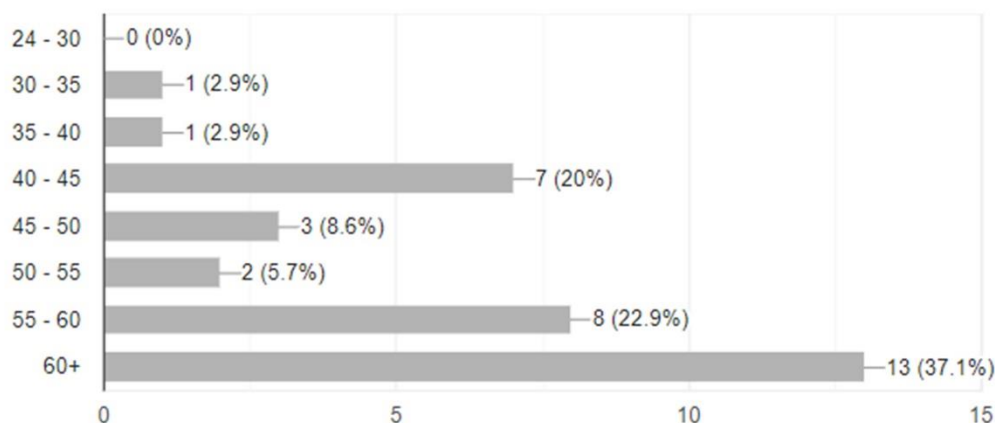
² [2] Association HERAXXI “Research of Sexual and Reproductive Health service accessibility for young people” Analytical Report 2021

Self-assessment questionnaire results and interpretation

Analysis of demographic data

A total of 35 family doctors completed the self-assessment questionnaire (n = 35). Analysis of demographic data reveals that 32 (91.4%) of them were women and the remaining 3 (9.6%) were men. According to the results, there was a predominance of family doctors aged 60 and over, with a total of 13 (37.1%), followed by 8 (22.9%) doctors in the 55-60 age category, and 7 (20%) family doctors in the 40-45 age category. Survey participants have received higher medical education. Most of them operate in Tbilisi, in different districts (Didube, Isani-Samgori, Nadzaladevi), in total 30 of the respondents (85.6%) are employed in Tbilisi, and 14.4% are employed in Kakheti region.

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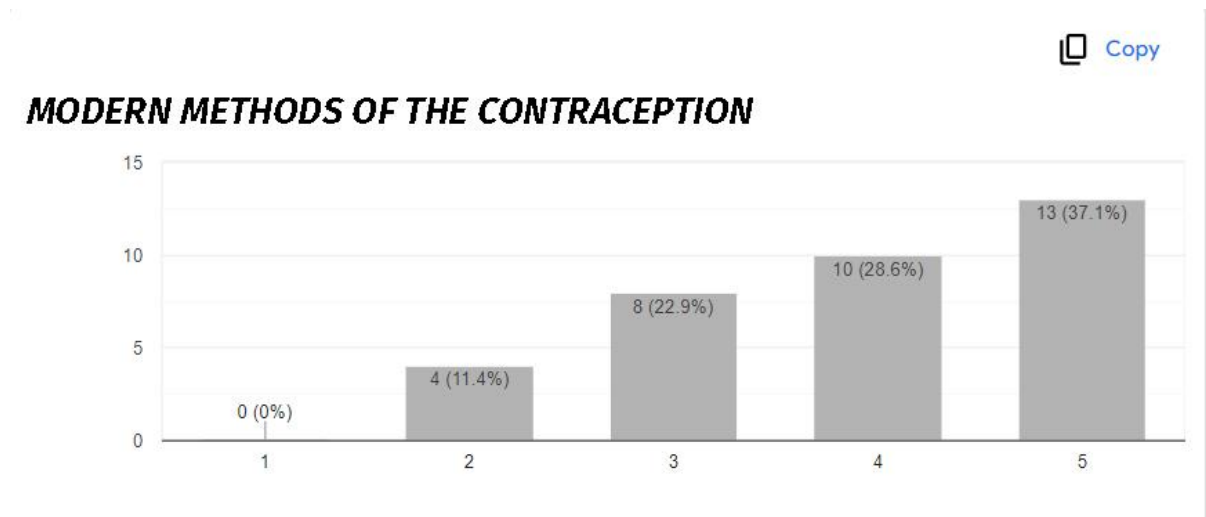
According to professional differentiation, family doctors indicate in their profession: pediatrician, therapist, obstetrician-gynecologist. As for work experience, the results showed that most of them, a total of 7 (20%) family doctors have 15 years of work experience, while the most 40 - 30 years of experience have 6 (8.7%) survey participants.

In naming the 5 most important factors regarding working with young people, differences of opinion were observed among the family doctors who participated in the survey. If we summarize the data, the following factors were voiced in several answers: *communication, respect, active listening, energy, empathy, confidentiality, involvement of young people in decision-making, and modern professional skills.*

Readiness Assessment Analysis

The second block of the self-assessment questionnaire included the identification of willingness and readiness to discuss the important topics with the patient.

According to the analysis of the answers to the questions asked in the following block, 13 (37.1%) family doctors express a desire and have the relevant knowledge to discuss modern methods of contraception with the patient. 4 participants (11.4%) of the respondents believe that their knowledge is not deep. No family doctor considers himself incompetent.



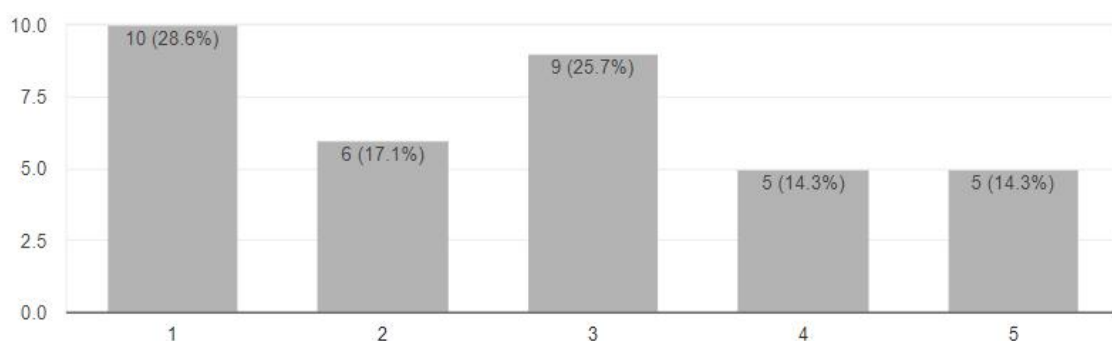
Relatively more doctors think that they have deep knowledge about sexually transmitted diseases, a total of 18 (51.4%) family doctors. Only 2 (5.7%) of the respondents think that they do not have enough knowledge about the mentioned topic. Family doctors give themselves high marks for the self-assessment of knowledge about HIV issues. In particular, 19 (54.3) doctors consider themselves competent.

It should be noteworthy that none of the doctors consider themselves incompetent regarding any of the above-mentioned topics. Furthermore, none of them think that they are incompetent to provide knowledge about the first intercourse to the patient.

The different results were revealed during the analysis of the following topics:

- Family doctors consider themselves incompetent in such matters as women in a wheelchair: intimate relationship, pleasure, orgasm. "1" score was written by 10 respondents (28.6%) and "2" score by 6 (17.1%).
- family doctors are not willing to discuss the non-heterosexual partners /heterosexual group sex with the patients. 40% of the respondents evaluate their knowledge on this issue with 1 point, and 22.9% - with "2" points.
- Readiness to discuss the question: "Am I a non-binary?" is also very low. Only 2.9% (1 doctor) of family doctors think they have competent knowledge, while 48% (17 doctors) do not consider themselves ready to discuss these topics with the patient.

- Incompetence is revealed regarding the chromosome abnormalities and gender identity. Only 11.4% feel ready to talk about the issue. Similarly, 11.4% consider themselves competent concerning the topic of sexual dysfunction and disorders.
- Even lower is the number of family doctors who will talk about sex after a mastectomy. Only 2 physicians (5.7%) express their readiness.
- Low competence and readiness are expressed to discuss such topics as a transgender identity and transgender teens. In both cases, 14 (40%) doctors rated themselves with "1" points, and 2 (5.7%) scored "5" points.
- Only 2 doctors (5.9) express readiness to talk about homosexual group sex, 48.6% (17 doctors) consider themselves incompetent.
- More than 50% assess the knowledge of Sexual dysfunction and disorders as very low.
- Low knowledge and willingness are observed by doctors in such matters as selling the body for money, (Heterosexual) cohabitation without penetrative sex, desire to have children, vulvectomy, and orgasm.



WOMEN IN WHEELCHAIR

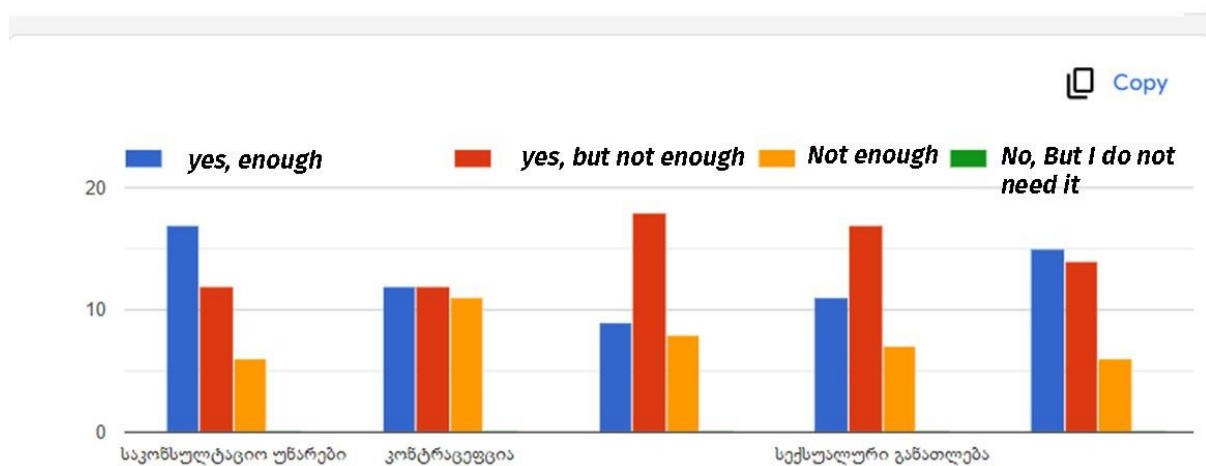
Family doctors are more or less ready to discuss the following topics - HPV ("1" score 2.9%, "2" score 17.1%, "3" score 20%), condom use ("1" score 2.9%, "2" Score 20%), orgasm ("3" score 34.3%, "5" score 31.4%), positive effect of contraceptives on sexuality ("3" score 25%, "5" score 25%), sex during menstruation, negative impact of contraceptives on sexuality.

Challenges and needs

The third section of the self-assessment questionnaire included identifying challenges and needs.

According to family doctors, their knowledge is limited and needs to be supported in the following areas - The treatment and diagnosis of STDs, sexual rights (1 doctor), different aspects of sexuality (2 doctors), sexual identity (3 doctors), sexuality in the media, pornography (10 doctors), sexuality anatomy and psychology (1 Physician), Consulting: Sexuality and Relationships (1 Physician), Counseling for Young Women (1 Physician), Counseling for Young Men (2 Physicians), Menstrual Disorders (1 Physician), Sexual Violence, Domestic Violence (1 Physician), Prostitution, Human Trafficking (2 doctors), professional legislation (2 doctors), public speaking, media training (4 doctors), patient confidentiality (1 doctor).

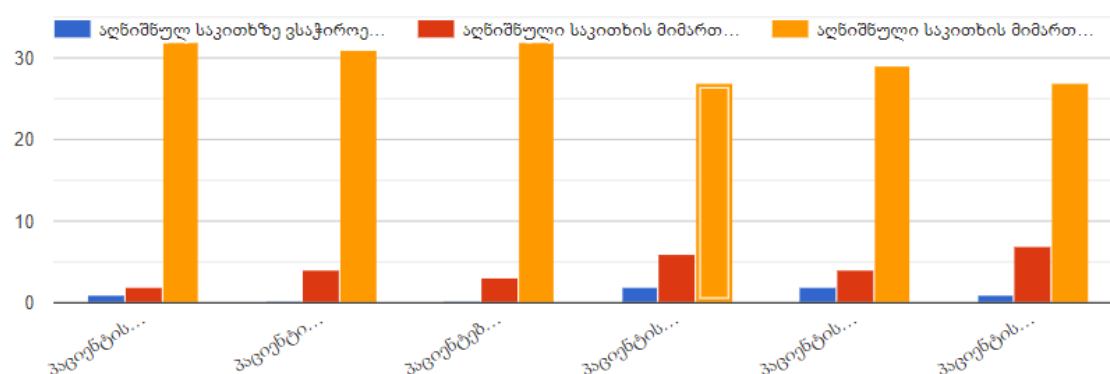
DO YOU FEEL THAT YOU HAVE BEEN SUFFICIENTLY TRAINED AND SUPPORTED IN THE AREAS BELOW ?



At the same time, most family doctors positively assessed knowledge of the following issues: consulting skills (17 physicians), and patient confidentiality (21 physicians). Most doctors believe that they have the knowledge, but not enough in the following areas: anatomy and psychology of sexuality (16 doctors), sexual disorders in women, and men (15 doctors).

4. გთხოვთ, განსაზღვროთ შემდეგი საკითხების ცოდნა მოცემულ სკალაზე

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5 participants would like to receive information on all the issues listed, however, 4 participants think they do not want to take information on any of the mentioned topics. 5 family doctors would like to be more informed about mental health, healthy relationships, 3 – outreach public speaking, media training, 4 – Sexual health. Family planning, 2 - counseling for young women, counseling for young women.

The following issues were identified during the analysis of the self-assessment questionnaire: family doctors generally believe that they have a good knowledge of being polite to patients, making patients feel at ease, listening to patients, assessing patients' medical condition, explaining patients' condition and treatment, involving patients in decisions about their treatment, providing or arranging treatment for patients.

Family doctors think that they need additional training about being polite to patients (1 family doctor), explaining patients' condition and treatment, involving patients in decisions about their treatment (2 family doctors), involving patients in decisions about their treatment (2 family doctors), providing or arranging treatment for patients (1 family doctor).

In the everyday working process family doctor faces the following issues: The queues are long (57.1%), funding problems (34.3%), there are not enough leaflets (28.6%), shortage of labor (22.9 %). Family doctors specify that they do not have some instruments (For example, otoscope, baby scales, and fetal cardiotocograph). Furthermore, they name

deficit of human resources with education and skills, unrepaired building in an uncomfortable environment, weak internet in the workplace.

Conclusion:

The analysis of the self-assessment questionnaire reveals that the knowledge of family doctors about the sexual and reproductive health is unsatisfactory. Family doctors are the gatekeepers of primary healthcare services, they have a responsibility to direct the patient in an appropriate way and need to know how to communicate with youth to take into consideration their age peculiarities.

Analysis shows that, in many cases, family doctors use the same words to express working with young people as they use with all patients in general, while even more sensitivity and a friendly environment are needed when we talk about youth patients.

Family doctors are willing to discuss the following issues with patients: modern methods of contraception, sexually transmitted diseases, HIV infection, and the first sexual intercourse. While toward other issues (HPV, orgasm, positive effect of contraceptives on sexuality, sex during menstruation, negative impact of contraceptives on sexuality) their willingness is weak. What is more, in some cases, their readiness is unsatisfactory.

There is a conservative approach, and doctors do not express acceptance on several issues, some of them do not seek additional knowledge and do not want to attend training for professional development. At the same time, however, family doctors are aware of the need for human resources equipped with relevant knowledge and skills.