

MAIA TSIMAKURIDZE¹, NINO LOBJANIDZE¹, MARINA TSIMAKURIDZE¹,
 RUSUDAN JAVAKHADZE³, EKATERINE MIRVELASHVILI², NATO KHUNASHVILI¹
**PROFESSIONAL ACTIVITY PECULIARITIES OF THE FAMILY PHYSICIANS IN THE
 PRIMARY HEALTH CARE SYSTEM, CONSIDERING THE COVID-19 PANDEMIC
 SITUATION**

TSMU, ¹Department of Nutrition and Aging Medicine, Environmental and Occupational Health,
²Department Of Public Health, Health Care Management, Policy and Economics, ³Makhviladze
 Scientific Research Institute of Labor Medicine and Ecology

*ციმაკურიძე მაია¹, ნინო ლობჯანიძე¹, მარინა ციმაკურიძე¹, რუსუდან ჯავახაძე³,
 ეკატერინე მირველაშვილი², ნატო ხუნაშვილი¹*
**ოჯახის ექიმის პროფესიული საქმიანობის თავისებურებები პირველადი ჯანდაცვის სისტემაში,
 COVID-19 -ით გამოწვეული პანდემიის გათვალისწინებით**
 თსსუ, ¹ნუტრიციოლოგიისა და ასაკობრივი მედიცინის, გარემოსა და პროფესიული
 ჯანმრთელობის დეპარტამენტი, ²საზოგადოებრივი ჯანდაცვის, მენეჯმენტის, პოლიტიკისა და
 ეკონომიკის დეპარტამენტი, ³ნ. მახვილაძის სახ. შრომის მედიცინისა და ეკოლოგიის ს/კ
 ინსტიტუტი

რეზიუმე

პირველადი ჯანდაცვის ქვაკუთხედს წარმოადგენს ზოგადი პრაქტიკა, ანუ ოჯახის ექიმის ინსტიტუტი. ოჯახის ექიმის პრაქტიკული საქმიანობა გულისხმობს არა მხოლოდ წმინდა თეორიულ, არამედ გარკვეულ ჩვევებსა და ტექნიკას (5,10,15), რომელიც, თავის მხრივ, გარკვეულ სპეციფიკას იძენს ქვეყნის სოციალური და ეკონომიკური შესაძლებლობებიდან გამომდინარე. კვლევის მიზანი იყო პირველადი ჯანდაცვის სისტემაში ოჯახის ექიმის პროფესიული საქმიანობის თავისებურებების დადგენა COVID-19-ით პანდემიიდან გამომდინარე რეალობის გათვალისწინებით. კვლევის ამოცანებად ჩამოყალიბდა: 1. კითხვარის დახმარებით სტატისტიკური მასალის მოპოვება-დამუშავება; 2. ოჯახის ექიმის საქმიანობისთვის დამახასიათებელი თავისებურებების გამოვლენა, მათ შორის COVID-19 -ით გამოწვეული პანდემიის პერიოდში; 3. პრევენციული ღონისძიებების შემუშავება. კვლევით დადგინდა, რომ ოჯახის ექიმის სამუშაო განეკუთვნება დაძაბული და სტრესული პროფესიების ჯგუფს; ოჯახის ექიმის სტრესული სამუშაო გარემო უარყოფითად მოქმედებს ჯანმრთელობაზე და განაპირობებს ისეთი დაავადებების განვითარების რისკს, როგორცაა არტერიული ჰიპერტენზია და შაქრიანი დიაბეტი, რასაც ხელს უწყობს აგრეთვე, კვების არასწორი რეჟიმი. ოჯახის ექიმებს შორის გამოვლენილი დაავადებების (შაქრიანი დიაბეტისა და არტერიული ჰიპერტენზიის) შემთხვევები შეიძლება განხილულ იქნეს როგორც პროფესიით განპირობებული დაავადებები.

The cornerstone of primary health care is General Practice, i.e. the discipline of a family medicine, as it can provide effective, realistic, and high-quality primary health care [1,2]. The family physicians do not deal with only part of the health problems; they serve the entire population, regardless of age and gender [13,16,6].

The practical work of a family doctor involves not only purely theoretical but also certain skills and techniques [5,10,15] which, in turn, acquire certain specificity depending on the social and economic capabilities of the country. For very poor countries and populations, different and much more basic needs are to be met than is required by Family Medicine. Basic public health measures remain a top priority for many countries, although this is not the only necessity. However, the solution to other, quite important problems is possible only with an individual and family-oriented approach [3,9].

Nowadays, The difficulties in the family doctor activities and the importance of extensive theoretical knowledge and practical skills of the medical staff working in this field determine the peculiarities of their professional work [4]. The basic principles of family medicine are based on the doctor-patient relationship, and it is of great importance to ensure and maintain the continuity of this relationship [12], which should be based on the mutual obligations of the doctor-patient relationship. Prerequisite for

the effectiveness of medical services is the availability of the service, the competence of the doctor, good communication skills, and an appropriate mechanism for connecting one consultation with another.

The study [7,8] found that the data of patient information, in 40% of cases, reduce the duration of consultations, reduce the number of laboratory tests, physicians are more likely to use waiting practices, fewer prescriptions are written, and more often referral letters to hospitals and different specialists are given out. Throughout the existence of modern medicine, the problem of the family doctor/specialist has always been relevant.

The family doctor's practice is greatly influenced by local factors such as population structure, economic status, physician/population ratio, accessibility to various primary health care services, and administrative constraints. The COVID-19 pandemic of recent years has significantly increased the role of the family physician in providing comprehensive and effective services to the population. At the same time, the workload of the family doctor and his / her responsibilities have been increased, as the online service of the patient / infected person is different and adds additional aspects to the family physician's work [14,11].

The study aimed to determine the specificity of a family physician's professional practice in the primary health care system under the COVID-19 pandemic conditions. The objectives of the research were: 1. Obtaining and processing statistical materials with the help of a questionnaire; 2. Identification of family physician characteristics, including the characteristics of the COVID-19 pandemic period; 3. Development of preventive measures. The study was conducted at the Family Medicine Center.

A questionnaire developed by us, which was distributed to the family physicians participating in the study, was used in the study. The questionnaire consisted of both closed and open-ended questions. During the research process, the respondent was explained that the survey was anonymous and confidential. 300 family physicians participated in the study. The material was processed using biostatistical methods.

The distribution of the respondents in the survey by age and gender are presented in diagrams №1 and №2.

Diagram 1. Distribution of respondents by age

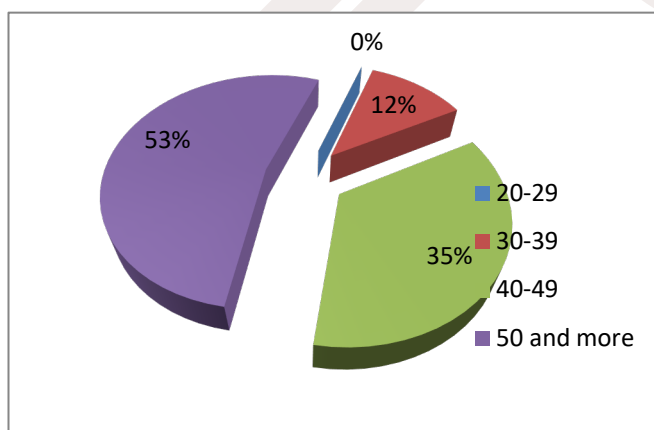
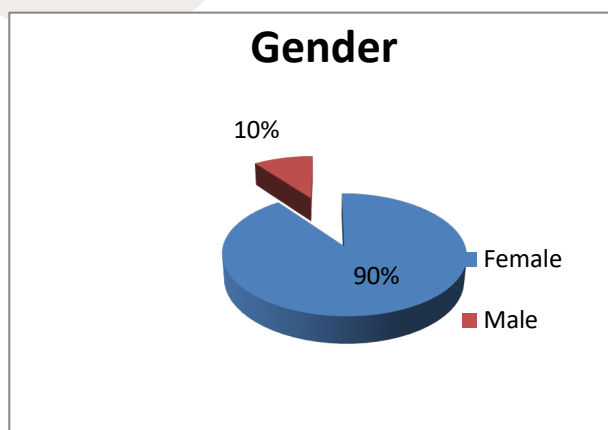


Diagram 2. Distribution of respondents by gender



90% of the respondents were women and 10% were men. The majority of respondents were physicians aged 50 and over (53%). 12% of the respondents had 1-5 years of work experience, 42% had 6-10 years of work experience, while the remaining 46% had 10 years or more of work experience. Depending on the situation in the country (Covid-19 pandemic), all of them (100%) have to work at only one full-time job, which includes a 12-16 hour workday. However, in the period before the pandemic, the work schedule of the respondents was 6-8 hours. The survey of respondents found that if the patient is elderly or if the patient has any chronic disease, their examination time appears to be approximately 30 minutes or more. In other cases, 20% of GPs spend 10-15 minutes on communication with patients, 47% spend 20-25 minutes, and the remaining 33% spend 30 minutes or more (Figure 3).

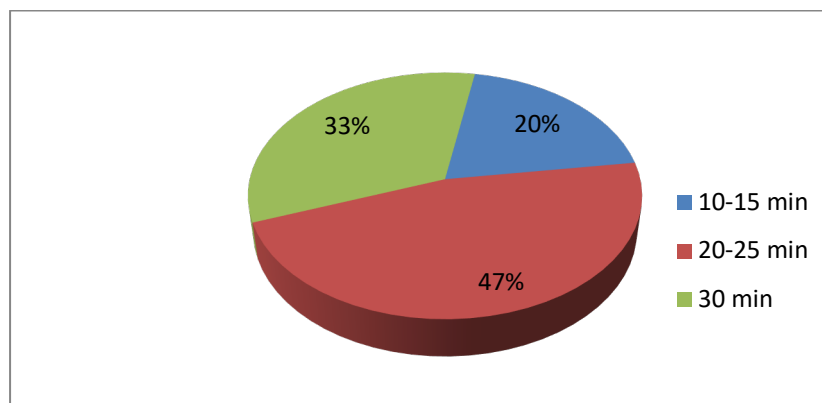


Diagram 3. Data on time spent on patient examination

Based on the results of the conducted survey to find out the main reasons for patient visits to primary care physicians, a list of the 25 most common problems, complaints, and symptoms that a family doctor encounters in his / her practical work, has been created (Table 1). This list includes the major problems that patients primarily face. The symptoms are quite varied and can reflect the pathology of any system. This once again confirms the immeasurably wider nature and diversity of the family physicians' work. The reasons for family doctor visits in Georgia are as follows (Table 1):

Table 1

Reasons for the visits to primary care physicians in Georgia

Reasons to visit family doctors	(%)
Complaints caused by arterial blood pressure (headache, ringing in the ears ...)	20%
Cough (with a history of bronchial asthma)	16%
Problems with the lower extremities	15%
colds and sore throat	13%
Nausea, diarrhea	13%
Pain in the joints	10%
Skin lesions	8%
Gynecological problems	5%

In Georgia, according to our data, the symptoms developed as a result of chronic diseases occupy the leading places.

The analysis of the family physician survey data revealed how much time doctors spend on speaking about disease prevention during patient consultations, including the information on COVID-19 prevention regulations and vaccinations; it appeared that 27% of the respondent physicians spend 20-25 minutes, 50% - 30 minutes, and the remaining 23% - 30 minutes or more (the data are presented in Diagram 4).

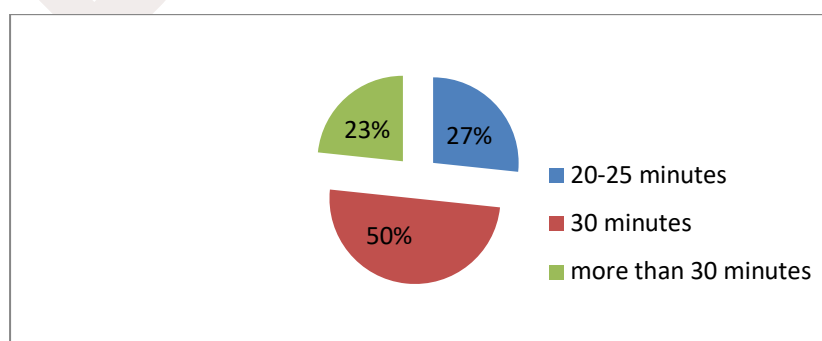


Diagram 4. Time spent on talking about disease prevention issues by the physicians

The questionnaire was focused on the conditions of service continuity. It was found that 13% of respondents think that the prerequisite for the continuity of medical services is depended on the competence and good communication skills of the doctor, 20% - the competence of the doctor and a proper mechanism to connect one consultation to another, 7% think that the competence of the doctor is sufficient, the rest 60% believe that the best precondition for continuity is the physician competence, good communication skills and proper mechanism to have a connection between consultations (Diagram 5).

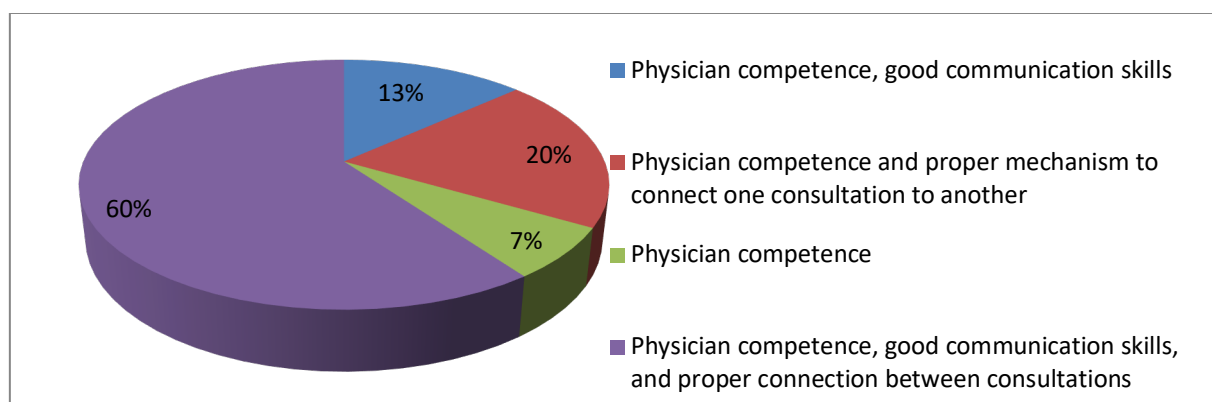


Diagram 5. Important Prerequisites for the Continuity of Medical Care

According to the survey of respondents, due to the epidemiological situation in the country, family physicians consult patients remotely - by phone. The online doctor consultations reduce the length of consultation time and doctors do not have to work overtime. When asked "how long does the consultation with each patient take, whether it is the first or the second consultation", respondents said that if in a normal situation this time length normally ranged from 20 minutes to 30 minutes, the pandemic reduced the time to 15 minutes due to a large number of patient services.

In addition, data on the prevalence of various diseases among respondent physicians were also analyzed (Diagram 6). The respondents mainly identified two chronic diseases - diabetes mellitus and arterial hypertension. 27% of the family physicians surveyed had diabetes, 40% had arterial hypertension, and 33% did not have any health disorders.

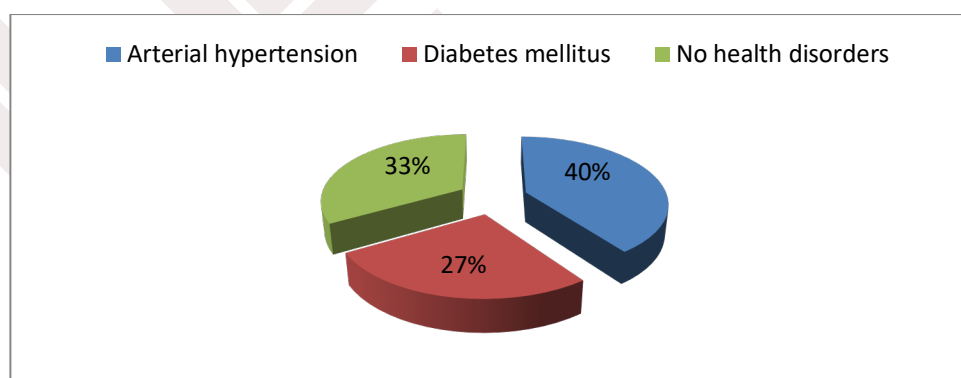


Diagram 6. Data of the Diseases Detected in the Respondents

In addition, 20% of respondents consumed tobacco, 83% used tobacco and caffeinated beverages; 27% used moderate amounts of alcohol, tobacco, and caffeinated beverages; And 6% of respondents did not consume any of them. It was also mentioned that 33% of the respondents were able to have nutrition and follow eating regimens at work, 50% of them could rarely follow the regimen and 17% of them could not follow the eating regimen at all.

The study found that the variety of communications with patients, the wide range of problems that the physician has to solve in a short period of time and especially in times of pandemic due to time constraints, the increased responsibility and the increasing number of patients create a stressful work

schedule for family physicians, which, in turn, contributes to occupational stress and increases workload and tension.

The study found that:

- The job of a family physician belongs to a group of tense and stressful professions;
- Qualifications of a family doctor can be considered the following:
 - Busy work schedule;
 - A large number of patient visits during the working day;
 - Variety of problems to be solved;
 - Personal and professional responsibility;
- A family doctor's stressful working environment has a negative impact on their health and increases the risk of developing diseases such as high blood pressure and diabetes, which is also facilitated by bad eating time schedule.
- Cases of diseases (diabetes and arterial hypertension) detected among family physicians can be considered as work-related diseases.

Based on the results of the research, we think that taking into account the specificity of the family physician's work, to reduce the impact of stressful factors of an unfavorable working environment, it is necessary to reduce the family physician's working time and adjust the rest regime; It is also necessary a family physician regulate/reduce the number of patient consultations during their working day; And the management of the administration should consider resolving the issues of nutrition and rest (holidays, part-time work, etc.) of the family physicians.

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SUMMARY

The study aimed to determine the specificity of a family physician's professional practice in the primary health care system under the COVID-19 pandemic conditions.

The study found that: the job of a family physician belongs to a group of tense and stressful professions; qualifications of a family doctor can be considered the following: busy work schedule, a large number of patient visits during the working day, variety of problems to be solved; personal and professional responsibility; A family doctor's stressful working environment has a negative impact on their health and increases the risk of developing diseases such as high blood pressure and diabetes, which is also facilitated by bad eating time schedule. Cases of diseases (diabetes and arterial hypertension) detected among family physicians can be considered as work-related diseases.

Keywords: Family medicine, working environment, risk factors, COVID-19 pandemic conditions.

