

Attitude of Physicians to Standard Treatment Guidelines in Kirkuk City

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Abstract:

Background: Clinical guidelines considered important instruments to improve quality in health care. The implicating guidelines lead to reduce the non-rationally medication use, insuring the best treatment way to patients, helping best decisions choosing by physicians and protecting the patients against medical errors as the guidelines depending on evidence based medicines . The guidelines is not implicating in Kirkuk city hospitals.

Objective: This study aimed to evaluate the knowledge and attitude of physicians to standard treatment guidelines in Kirkuk city searching for the barriers that prevent implicating it.

Methods: 61 physicians questionnaire were completed in a prospective observational multi-center study in Kirkuk city by indicators used to investigate knowledge on guidelines, (86.8% male, 13.1% female).

Results: The physicians who have good information were (63.9%) and (81.08%) were satisfied according to standard treatment guideline. (59.01%) choose that they want an already prepared guideline to adopt it. From over all comments, the frequent one (27.86 %) which” need team work and reevaluation”.

Conclusion: The conclusion of this study is to implicate the standard treatment guideline, we need a committee to adopt an guidelines and revising it according to our environment.

Key words: Quality, knowledge, team work.

Introduction:

Using of medication non-rationally is a huge global problem⁽¹⁾. Further-more non-rationally medication use lead to serious consequences like the poor patient outcome, adverse drug events, increasing antimicrobial resistance and wasted resources⁽²⁾. The purpose from designing standard treatment guideline is to ensure that medications used in a safe, effective and economic manner, and are very powerful tools in promoting the rational use of medicines⁽³⁾. Standard treatment guideline help

physicians make decisions about appropriate treatments for specific clinical conditions. When medicines not prescribe according to the standard treatment guidelines, it constitutes non-rational use of medicines⁽⁴⁾. In Kirkuk city hospitals the proportion of patients treated according to standard treatment guidelines are low; therefore the aim of this study is to evaluate the knowledge and attitude, of physicians to the standard treatment guideline in Kirkuk

city searching for the barriers that prevent of implicating it.

Methods:

Study design and population:

A prospective observational multi-center study took place in Kirkuk city from November 2013 to January 2014 to evaluate the level of knowledge and attitude of physicians to standard treatment guideline. Participation in the survey randomly allocated from physicians worked in three government hospitals in city center (Azadi Teaching hospital, Kirkuk General Hospital and Kirkuk Pediatric hospital). Questionnaire consisting of 14 general close, open-end and one multiple choices question was developed to be answered by different specialist physicians. It could be answer easily in less than 10 min but it may take longer with discussion of comments of the participant. The first five questions dealt with information about age, sex, specialty, certification of physician's degree and work place. Subsequent questions concerned with the respondent's knowledge about importance of the standard treatment guideline. If the physician has ever read the guidelines (item 5), if they like to work according to guidelines or prescribe according to guidelines (item 6-7). The next three questions tested the knowledge of the physicians about the importance of the guidelines (item 8-10). Item 11 and 12 open-ended questions excluded the idea of physicians about the guidelines. If there is any deficiency and how will be corrected. The last (item 13) is multiple choices question about which kind of the STG want the physician prefer to work according to it. The level of physician's knowledge is determined by

summing the response of items (5, 8, 9, 10). Responses to those four items weighed to provide level that ranged from 0 (lowest) to 4 points (highest). The summation of response for all four items provided a new variable termed level of knowledge to allow stratification of sampling in to 2 groups, physicians with poor knowledge (2 or less) and physicians with good knowledge (3 and 4).

Statistical analysis:

Analyses carried out with PASW Statistics 18 (formerly called SPSS, Chicago, Illinois, USA). Descriptive statistics compiled for the entire population sample. Results for each item were expressed as percentages and compared between specialist groups by means of the Chi-squared test. Statistical significance was set at a value of P less than 0.05.

Results:

The total number of sixty-one candidates completed the circular questionnaire from three hospitals; most of them were men (83.7%) with ages 30-62 years and the mean age was (43.92).

Table (1), shows the characteristics and the physician's attitudes toward assessment question-aire that related to standard treatment guidelines.

Table (2), shows the distribution of participant according to their knowledge about guidelines based on answering four questions related to points of benefits and importance of guidelines. Physicians work at Azadi Teaching hospital and Kirkuk General Hospital have good information's about the guidelines (64%) (4-3) and (35%) (0-1) i.e. poor information, while those work at Kirkuk Pediatric hospital showed (57%) of physicians has good

information and (42%) have poor information.

When physicians were asked about kinds of the guidelines they preferred to acquire it, the kinds of guidelines they chose from were either already prepared by one of the international institutes (without correction) or that prepared by the local committee or already prepared by international institutes and then corrected to our standards environment. Most physicians choose the third option (59.01%).

Table (3) shows that there is no any significant differences according the age and place of work.

After recording the comment and point of need of physicians to work according the standard treatment guideline most of them asked for team or committee to obtain a guideline and reevaluating it by them in constant period.

Table (4) summarizes the comments and needs and distributing according to work place.

Table (1): The characteristics and attitudes of participants toward standard treatment guidelines.

Parameter	Azadi Teaching Hospital n=37	Kirkuk General Hospital n=17	Kirkuk Pediatric Hospital n=7	Total n=61
Demographic Characteristics				
Age (year) Mean	43.92	43.65	41.57	43.57
Gender: Male\female (%)	83.7\16.2	100\0	71.4\28.5	86.8\13.1
Attitude towards guideline				
Like to work according STG yes\no (%)	81.08\16.2	88.2\11.7	71.4\28.5	81.9\16.39
STG enhance patients treatment yes\no (%)	70.2\29.7	100\0	85.7\14.2	80.3\19.6
STG increase medication supply yes\no (%)	54.05\45.94	82.3\11.7	28.5\71.4	59.01\39.3
STG reduce adverse events & medication error yes\no (%)	64.8\35.1	70.5\29.4	57.1\42.8	65.5\34.4
Feeling deficiency in STG yes\no (%)	72.9\27.02	64.7\35.2	57.1\42.8	68.8\31.1
Give comments about STG yes\no (%)	86.4\10.81	58.8\41.1	17.4\28.5	77.04\21.31

Table (2): Distribution of participants according to their knowledge about standard treatment guideline among physicians distributed in hospitals. The results expressed as number and percentage.

	Knowledge about standard treatment guideline			
	Good (4-3)	Poor(0-2)	Total	P value
Age				
30-40	15	14	29	0.285
41-50	16	5	21	0.285
>50	8	3	11	0.285
Azadi Scientific Hospital (n=37)%	(24)64.8%	(13)35.1%	37	0.455
Kirkuk General Hospital (n=17)%	(11)64.7%	(6)35.2%	17	0.455
Kirkuk Children Hospital (n=7)%	(4)57.1%	(3)42.8%	7	0.455
Total (n=61)%	(39)63.9%	(22)36.06%	61	0.455

Table (3): Standard treatment guideline form distributed according to work place.

	STG Types choose by physicians			
	Already prepare	Written by them	already prepared and reevaluated by them	<i>P value</i>
Age				
30-40	6	7	16	0.976
41-50	4	5	12	0.976
>50	3	3	5	0.976
Azadi Teaching Hospital (n=37)%	(7)18.9%	(10)27.02%	(20)54.05%	0.867
Kirkuk General Hospital(n=17)%	(2)11.7%	(3)17.6%	(12)70.5%	0.867
Kirkuk Pediatric Hospital(n=7)%	(1)14.2%	(2)28.5%	(4)57.1%	0.867
Total (n=61)%	(10)16.3%	(15)24.5%	(36)59.01%	0.867

Table (4): Physicians comments about the guidelines.

Comments about STG	n n=61	Azadi Teaching Hospital n=37	Kirkuk General Hospital n=17	Kirkuk Pediatric Hospital n=7
No comments	15	7	6	2
need team work & reevaluation	17	15	-	2
contain the uses of treatment and complication according to cases	6	6	-	-
good planning & training on it	5	3	2	-
modification according to our environment	3	-	2	1
availability of specific medication	4	1	2	1
print it & put in wall of ER in small wards	3	1	1	1
there is no facility to work	2	1	1	-
computerized system in each ward & clarify requirement easily	1	-	1	-
not applicable till now	1	-	1	-
need evidence based medicine rules	1	-	1	-
To be written in complete words	1	1	-	-
Revise by any STG before	1	1	-	-
discussing the problem and set up STG	1	1	-	-

Discussion:

Although standard treatment guidelines are accepted standards of care, current study shows that small percent of physicians were not adopted the standard treatment guidelines in their managements of patient's conditions, as several studies suggest that they have not been as widely adopted by physicians as their developer might have hoped. The current study shows that the physicians who like to work according to standard treatment guidelines were depending on guidelines that published in the authorization text book as shown in table (1) ⁽⁵⁻⁷⁾, physicians like to work according to guidelines in (81.9%) but this study shows that the physicians not implementing it. By asking physicians if they feel any deficiency in the standard treatment guideline and how they correct it, by open ended question we see the barriers that prevent to implemented the standard treatment guidelines in our hospitals.

Current study discloses poor knowledge of physicians about the standard treatment guidelines that prevent from implicating it in Kirkuk hospitals. This study shows from over all physicians, (63.9%) have good information about standard treatment guidelines and (36.06%) have poor information about it as shown in table (2). In one study carried on 34 general practitioners in England, it was found several barriers to the use of accepted evidence- based hypertension treatment guidelines and one of barriers is that they simply did not know it ⁽⁸⁾.

After revising the comments of physicians, the most frequent comment was need to team work and reevaluation (27.86%) this form of comment reflects that physicians not feel a sense of owners toward guidelines, must contain

the all possibility of treatments even complex one (9.83%) this form reflects that the data used by guidelines did not applied to their patients or guidelines is outdated, good planning and training on guidelines (8.19%) this form reflects the external factor which is difficulty or complexity of the guidelines or inconvenience of guideline implementation ⁽⁹⁾.

When physicians asked to choose a type of guideline to work according to it in the future the (59%) of them choose already prepared and reevaluated by them and this point need less time and work to reach from the other (24.5%) who choose to write it from beginning which will consume time and money.

As a limitation of the present study lack of time and small sample size due to only three of main five hospitals physicians enrolled in the study. Therefore, it is recommended to long-term study including large sample size.

Conclusion:

To make standard treatment guideline work, first we must reach all the comments of the physicians that make barriers to implementing it, second start forming a guideline committee in Kirkuk Health Directorate from qualified physicians to adopt an international guideline form and revising guidelines to implementing it in Kirkuk health care offices.

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