



## Examining factors effective on desertion of rural family physician personnel in west of Hormozgan province in 2015

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### ABSTRACT

Family physician plan is considered the main core for improving services quality and justice in healthcare system and reference system which was planned in 2005. Regarding this plan importance and utilizing the best people as health team and obtaining their satisfaction this study aims to examine their desertion reasons. The present study is descriptive analytical and of cross-sectional type which was conducted in 2015. The studied society included all rural family physician personnel in west of Hormozgan province who were selected in census form and were studied. The required data were collected through questionnaire and by utilizing descriptive statistics; they were analyzed using frequency distribution table by SPSS software. In this study, 27 persons, 27 men and 61 women completed the questionnaire. Among the studied people 8% have had as yet the prehistory of cutting off cooperation with family physician plan. The rate of tendency to desertion in future has been 54.5% that among its most important reasons are force shortage and working pressure, monitoring, high working hours, high working responsibility and inappropriate facilities of lodgment. Tendency to desertion among family physician plan personnel in west of Hormozgan province is high that supplying human force and providing life and welfare factors, suitable working hours and reduction of work volume will lead to personnel retention.

**Keywords:** rural family physician, healthcare

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### INTRODUCTION

Primary healthcare is an essential element of health for everybody and constitutes the first level of people, family and society contact with health system. On the other hand, today society requires health supply in social, mental and physical dimensions and this right has been recognized in all countries of the world and the aim of implementing this plan is promoting the society people health level so that people, enjoying enough health, could participate in social and economic activities.

For the first time, primary healthcare system was formed in the format of health and treatment networks since 1981 that one of its main principles is priority of preventive services to treatment, priority of deprived and rural regions to urban regions and priority of outpatient services to hospitalization. When we could level these services with suitable method, repeated and unnecessary reference of people to specialized levels is prevented.

Then, the government planned a new policy in the format of reference system and rural family physician plan for promoting services quality and health system modification which has been implemented since 2005 in villages and cities below 20 thousand populations and its goal is equal access to health services. World Health Organization states that family physician is the main core for improving services quality and justice in healthcare systems and

reference system (2). In reference system and family physician plan, general physician and his team undertake the whole responsibility of the society people and covered population and after referring to specialized levels, they undertake the follow-up responsibility. Family physician, besides disease treatment, provides necessary training and consultation and reaching acceptable health level (5). Regarding that the family physician plan is considered an essential measurement and important evolution in villagers treatment insurance discussion and reference system, so identifying administrative defects and obstacles of this plan and resolving its impediments is necessary. Evidences show that healthcare system in Iran among healthcare systems is still weak in achieving goals (6).

Attraction and retention of rural family physician work force is one of challenges which have been reported by recent studies. Shortage of health work force in village is an international problem which is considered one of main obstacles for healthcare system performance all over the world (7).

Dissatisfaction of health service providers is one of essential problems of family physician plan. When people are not supported appropriately during service or find better attractions in other organizations, easily leave the mentioned organization and attract to new organization and as a result, all efforts and costs relating to employment and equipment of human force and investment on people are wasted. Also, human force shortage could lead to efficiency reduction and burnout of other personnel (8).

Therefore, the organization manager after attraction an improvement of human force has a heavier duty and that is protection and retention of human force. If the organization is successful in work force attraction, but neglects in their protection and retention, will fail in achieving their goals. For this reason, the organization managers have made many efforts to protect efficient and good forces which have attracted (10). The aims of this study is to examine components effective on rural family physician personnel dissatisfaction and then their desertion of service location in west of Hormozgan province that by identifying and prioritizing its reason, do some measurements for increasing personnel satisfaction and better implementation of family physician plan (8).

## EXPERIMENTAL SECTION

This study is a descriptive- analytical research of cross-sectional type which was conducted in 2015. The studied society was all personnel of family physician plan under the supervision of medical sciences university located in the west Hormozgan province which includes cities of Bostak, Parsian, Lengeh Port and Khamir Port. Regarding limitation of the research population, they were selected by census and their number was 88 persons.

Data collecting tool includes standard questionnaire which is constituted from 29 questions that its primary questions contain demographic questions and the rest of questions are designed for determining factors effective on desertion of rural family physician personnel whose validity and reliability have been previously confirmed by experts. Working method in this study was in this form that the questionnaire was completed by the personnel and after collecting data, they were coding and entered in SPSS v.22 software and were analyzed by utilizing descriptive statistics and using frequency distribution tables.

## RESULTS

Based on the results obtained from research performance, the personnel were physician (47.7%), midwife (37.5%), laboratory sciences (10.1%) and radiology (4.5%) that 30.7% of them have been male and 65.9% female and 65.9% were married. In respect of employment status, 62.5% were contractual that most people had been educated in 2015 (18.2%) and their least had been educated before 2003. About 72.8% of this group was native of the province, city and the region and 27.3% were non-native. Their average age has been 31.3 years old. The results showed that in the present study, the rate of tendency to desertion in future was 54.4% that the most important reason of tendency to cut off cooperation is dissatisfaction with force shortage and work pressure. Among other main reasons, based on priority, we can point to monitoring, high working hours, high working responsibility, inappropriate lodgment status and leave status (results are provided in table 1).

Also, 8% of people have cut off their cooperation with family physician plan that their most important reasons based on priority included the region deprivation, inappropriate contact of authorities, leave status, high responsibility, inappropriate lodgment facilities and high working hours. Also, the results show that the most important reasons of personnel in cooperating with family physician plan were serving people (28.4%) and resolving unemployment (26.1%) and the least reason is familiarity with network system and score establishment for continuing educations (1.1%). Findings show that there is a positive relation between people job and cooperation cut off that most of them were physician (58.3%) and midwife (39.6%). Also, there was a positive relation between being the center undertaker and desertion ( $p=0.014$ ). The results have been provided in table 2.

**Table 1. Prioritizing main factors of family plan desertion in future**

variable	1 <sup>st</sup> priority	2 <sup>nd</sup> priority	3 <sup>rd</sup> priority	4 <sup>th</sup> priority	5 <sup>th</sup> priority
the region deprivation	3(3.4)	1(1.1)	0	0	3(3.4)
salaries inappropriate status	1(1.1)	1(1.1)	2(2.3)	2(2.3)	2(2.3)
irregularity of payment	5(5.7)	3(3.4)	2(2.3)	4(4.5)	2(2.3)
monitoring	10(11.4)	3(3.4)	2(2.3)	0	2(2.3)
reference load	2(2.3)	0	1(1.1)	5(5.7)	1(1.1)
high working responsibility	2(2.3)	10(11.4)	10(11.4)	5(5.7)	6(6.8)
high working hours	1(1.1)	13(14.8)	7(8.0)	5(5.7)	4(4.5)
lack of job security	2(2.3)	3(3.4)	2(2.3)	3(3.4)	4(4.5)
inappropriate lodgment status	1(1.1)	0	3(3.4)	7(8.0)	6(6.8)
people inappropriate contact	0	1(1.1)	0	1(1.1)	0
continuing educations	4(4.5)	1(1.1)	5(5.7)	2(2.3)	1(1.1)
family pressure	1(1.1)	0	1(1.1)	2(2.3)	1(1.1)
personnel inappropriate contact	0	1(1.1)	0	0	0
distrust to university authorities	1(1.1)	1(1.1)	1(1.1)	0	1(1.1)
authorities inappropriate contact	0	0	1(1.1)	0	1(1.1)
end of service commitment	0	1(1.1)	0	2(2.3)	0
leave status	0	3(3.4)	4(4.5)	5(5.7)	8(9.1)
shortage of forces and working pressure	11(12.5)	4(4.5)	4(4.5)	4(4.5)	3(3.4)
the region cultural problems	0	1(1.1)	0	0	1(1.1)
total	47(53.4)	47(53.4)	47(53.4)	47(53.4)	47(53.4)
cooperation continuation	41(46.6)	41(46.6)	41(46.6)	41(46.6)	41(46.6)
total participating people	88	88	88	88	88

**Table 2. The relation of variables with cooperation cut off with family physician plan in future**

variable	yes	no	don't know	p-value	
gender	man	15(31.3)	7(24.1)	5(45.5)	0.423
	woman	33(68.7)	22(75.9)	6(54.5)	
marital status	single	20(41.7)	5(17.2)	5(54.5)	0.063
	married	28(58.3)	24(82.8)	6(45.5)	
occupation	physician	28(58)	7(24.1)	7(63.6)	0.003
	midwife	19(39.6)	13(44.8)	1(9.1)	
	laboratory sciences	1(2.1)	6(20.7)	2(18.2)	
	radiology	0	3(10.3)	1(9.1)	
type of employment	official	3(6.3)	1(3.4)	0	0.423
	conventional	0	1(3.4)	0	
	experimental	14(29.2)	5(17.2)	4(36.4)	
	messenger	4(8.3)	0	1(9.1)	
center undertaker	contractual	27(56.3)	22(75.9)	6(54.5)	0.014
	yes	20(41.7)	4(13.8)	6(54.5)	
total	no	28(58.3)	25(86.2)	5(45.5)	88
	48	29	11		

## RESULTS AND DISCUSSION

One of the most important administrative problems of family physician plan is low retention of personnel in health system (9). On the other hand, success of each administrative plan requires attraction of service provider people satisfaction that in case of in attention, people indifference and as a result, will result in reduction of pro quality and quantity provided services reduction and personnel desertion (10).

In the present study, the rate of tendency to desertion in future was 54.5% which is relatively high. Examining factors effective on desertion in this plan showed that force shortage and working pressure are among the most important reasons of tendency to cut off cooperation. Regarding that human force constitutes the heart of health system and life and survival of health system depends on it, this is important for managers and planners of social issues to have more attention to the organizations human factors. Other important and main reasons are monitoring, high working hours, high working responsibility, inappropriate lodgment facilities and leave status. This study was consistent with Amiresmaeli *et.al* (2014) research which considered high responsibility and high working volume as the most important factors of desertion (8). Also, it was consistent with the study of Mollahaliloglu *et.al* (2015) which states obviating of problems of force shortage, providing appropriate dwelling and flexible working hours impact personnel retention (12). Also, it was consistent with studies of Fang *et.al* which showed working pressure as effective factor on desertion (13).

Finings of the present study showed that 8% of studied people have had precedent of cutting cooperation with family physician plan that this issue indicates deprivation and lack of suitable welfare facilities of the region. Other

reasons, in priority order have been the authorities inappropriate contact, leave status, high responsibility, inappropriate lodgment facilities and high working hours which indicates high working volume and facilities shortage and long working hours and requires special attention of managers and planners. This study was consistent with Goetz et.al research (2015) which states that personnel support, physical space facilities and equipment and attracting conditions of workplace are effective on personnel retention (14). Also, it was consistent with study of Kane et.al (2013) which showed that management method and relations quality and reduction of working volume impact personnel retention (7) and was correspondent to findings of Mosavi Raja et.al (2014) which showed the region deprivation and welfare facilities influence on personnel desertion (6). Also, in the present study, main factors of people motivation in cooperating with family physician plan have been serving deprived people (28.4%) and obviating unemployment (26.1%) and the least was familiarity with network system and establishment of score for continuing education (1.1%). Findings show that there is a positive relation between people occupation and cooperation cut off with family physician plan that physicians and midwives had the highest frequency of 58.3% and 39.6% respectively that this group of people due to challenges and problems which lead to their desertion, requires more attention of managers. Also, findings show that there is a positive relation between being the center undertaker and desertion that its results were not consistent with the study of Amiresmaeli et.al (2013) which is indicative of different conditions governing on workplace in these regions (8).

### CONCLUSION

Regarding that final goal of health system is promotion of all society people health level and family physicians and health system play an essential role. So, based on the study findings, it is proposed that authorities notice factors which cause personnel desertion that according to the present study results, supplying human forces are among the most important factors effective on reduction of desertion and increase of personnel motivation.

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