

Knowledge, attitudes and practices among grade medical officers of District General Hospital Matara on circulars issued by Ministry of Health, Sri Lanka.

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Abstract

Introduction: Circulars help official communications from higher authority to operational level. Government circulars issued by the Ministry of Health (MOH) and other institutions affect the Medical Officers (MOs) in numerous ways and serve multiple purposes.

Objective: To assess the knowledge, attitude and practices (KAP) among MOs of District General Hospital (DGH), Matara on circulars issued by MOH.

Methodology: This descriptive cross-sectional study was carried out at DGH, Matara by interviewing 216 MOs using a self-administered questionnaire. Data were analyzed with regards to proportions. Associations were checked using chi square test.

Results and Discussion: Among 185 respondents, most were grade II MOs (n=102, 55%) and only 18% (n=33) had administrative experience. All knew that circulars are issued by MOH. 95% knew about the circular on Disturbance, Availability and Transport (DAT) allowance of MOs but only 35%-62% knew about other circulars. Majority accepted that circulars are important for better administration (85%) and medical practice (88%). Only 55% (n=102) identified the importance of referring circulars frequently. Reasons for referring circulars were mainly related to personal interest. Main perceived barriers for referring circulars were difficulty in accessing 75% (n=138), lack of interest 61% (n=113) and difficulty of understanding technical language 44% (n=81).

Administrative post experience had a statistically significant association with the level of knowledge (p=0.035), good attitudes (p=0.048) and good practices (p=0.042) while Grade seniority affected positively on KAP of circulars.

Conclusions and Recommendations: Most were aware about the circulars issued by the MOH and majority accessed circulars for personal interest. Good KAP were shown by doctors with administrative experience. Sensitize newly-appointed MOs on use of circulars and increase accessibility is recommended.

Introduction

Despite of being categorized as a middle income country, the level of achievement in quality of life indices such as Physical Quality of Life Indices (PQLI), Human Development Index (HDI) and International Human Suffering Index (IHSI) of Sri Lanka is far better compared to other South East Asian regional countries with similar per capita income(1).

Currently SL has 1085 government sector curative health care institutions (3) and 338 preventive / community health care institutions under the Medical Officer of Health. The total employees of 123855 in the MOH are distributed as 66993 in the line ministry and 56852 in the provincial ministry level(2). Among them 17,615 are Medical Officers (MOs) who are deployed in as an all island basis(3)

There should be an efficient way of transferring information on recent changes in morbidity and mortality patterns, recent improvements in screening, diagnosing, and managing patients, changes in organizational structure and improvements and changes in administrative matters taken by the top-level management of MOH to the Grade MOs(5). Circulars are the most convenient, reliable, legal, cost effective and efficient method of transferring information to the staff to perform their duties at grass root level (5).

Circulars are issued by Ministry of public administration, Treasury, or by Ministry of Health and they can be Administrative or Clinical circulars (Public Health / Curative Health)(5) and disseminating through web-based systems, sending the hard copies to hospital administrators and displaying on the common/ward notice board etc.

Grade medical officers who work in curative and public health sectors must update their knowledge to be in par with global health development. However, in SL, most health professionals lack Continuous professional development process other than those who involved in post graduate training programmes(8). There are numerous occasions where medical officers were taken to task for violating rules and regulations defined by the administrative circulars mostly due to their lack of knowledge about the contents. Further, being the government servants who engaged in public service, and engaged in private practice who treat different ages and different conditions they are legally bound to be aware about the new changes within the system(2).

However, no research has been done in Sri Lanka so far about the knowledge, attitude and practices on circulars among the MOs despite the number of circulars issued. Moreover, it is timely to understand the perceived gap in knowledge, attitude and practices owing to various incidents reported in the country to medical administrators. Thus, identifying the existing gap is very important for better service delivery.

Objective

To evaluate the knowledge, attitudes and practices among grade medical officers of DGH Matara with regard to the circulars issued by MOH.

Methodology

Descriptive cross-sectional study, carried out in District General Hospital, Matara (DGH Matara) among 216 Grade medical officers selected through systematic sampling belonging to grade I and grade II, and who have completed a minimum 2 years of experience after completing the internship, conducted from February 2018 to August 2018. The Circulars used for this study was issued only by MOH and were administration related circulars based on their significance to the grade medical officers, issued between 1st of January 2013 and 1st of August 2017.

Self-administered questionnaire was distributed after obtaining informed written consent. Data analysis was done using SPSS 21 version software and analyzed using descriptive and analytical techniques.

Results

Out of 216 MOs who were eligible only 185 participated for the study. The response rate was 86%.

4.1 Socio demographic characteristics of the Medical Officers in DGH Matara

Table 4.1 - Distribution of the sample according to the socio demographic characteristics of the sample

Characteristic	No.	Percentage (%)
Gender		
Male	102	55.1
Female	83	44.9
Age		
<35 years	35	18.9
35-45years	95	51.3
>45 years	55	29.8
Post Graduate Qualifications		
Yes	40	21.6
No	145	78.4
Civil Status		
Single	25	13.5
Married	148	80.0
Separated	12	6.5
Total	185	100.0

Table 4.2 - Distribution of the sample according to the employment related characteristics of the Sample

Characteristics	No.	Percentage (%)
Working experience at DGH Matara		
=<5 years	102	55.1
6-10 years	49	26.5
11-15 years	34	18.4
Working experience as a Medical Officer		
=<5 years	35	18.9
6-10 years	95	51.4
11-15 years	55	29.7
Grade Seniority		
Grade 11 MOs	102	55.1
Grade 1 MOs	83	44.9
Working experience in curative sector posts		
=<5 years	48	25.9
6-10 years	92	49.7
11-15 years	45	24.4
Private practice engagement		
Yes	120	64.8
No	65	35.2

Characteristics	No.	Percentage (%)
Administrative post experience		
Yes	18	9.7
No	167	90.3
Total	185	100.0
Working experience in administrative posts		
=<5 years	13	72.2
6-10 years	04	22.2
11-15 years	01	5.6
Total	18	100.0

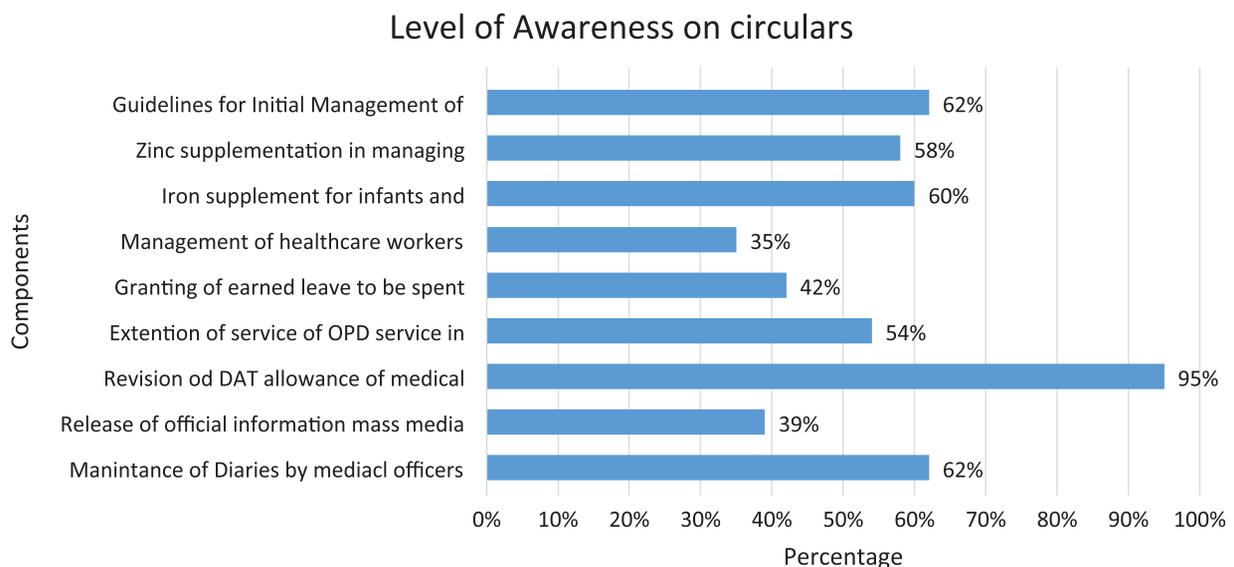
(No.= Number)

As shown in table 4.2, majority of MOs (n=95, 51.4%) were having 6-10 years of working experience, while 9.7% (n=18) were having administrative experience. Majority (n=102, 55.1%) were grade two (II) MOs.

4.2 Knowledge on circulars issued by MOH among the medical officers in DGH Matara.

Almost all of participants knew that circulars are been issued by Ministry of Health and 165 (89%) were aware about the ways of accessing circulars. However, 11 % (n=20) were unaware about other relevant agencies except MOH, who are issuing circulars relevant to Medical Officers. A statistically significant, better level of awareness was shown by the grade 1 MOs (50/63), p=0.004 and MOs with administrative experience (13/18), p= 0.003. MOs practiced more than 6 years showed better level of awareness (99/150) than junior colleagues (10/35) (p=0.08)

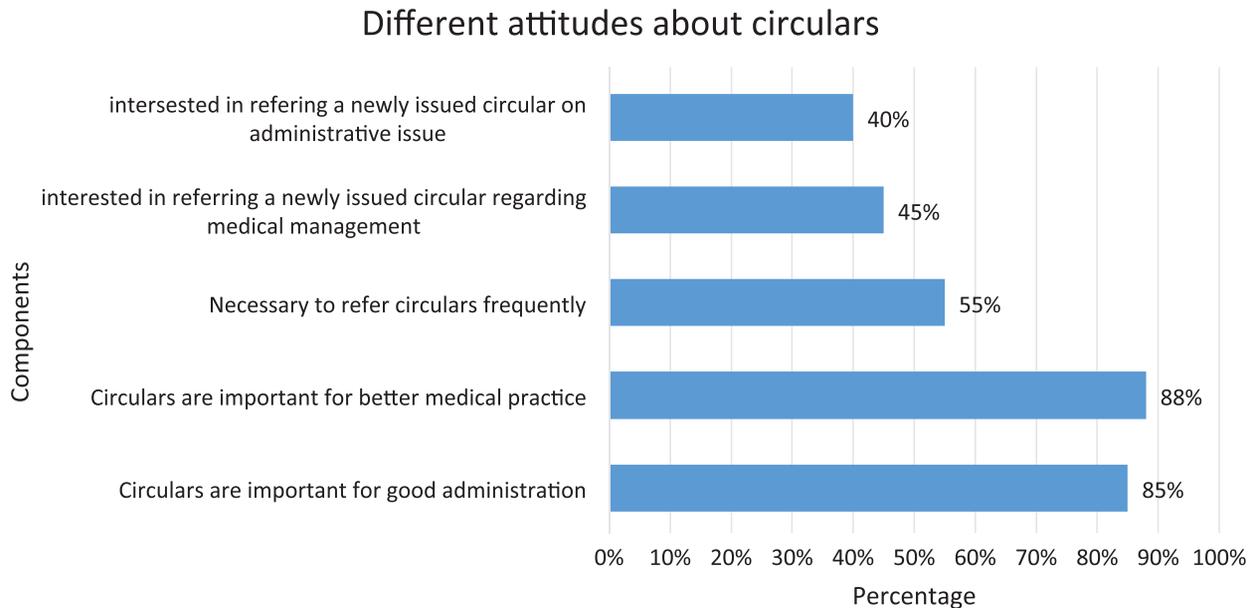
Figure 4.1: Distribution of the sample according to awareness about selected circulars



Ninety five percent (n=176) were aware about the circular on Disturbance, Availability and Transport allowance (DAT) of MOs but only 35%-62% knew about other circulars. The senior MOs (>6 years) showed awareness (148/150) than junior doctors (p=0.002). All the doctors with administrative experience and grade 1 knew about DAT circular.

4.3 Describing the attitude on using circulars issued by MOH among the medical officers in DGH Matara.

Figure 4.2: Distribution of the sample according to the different attitudes about circulars



Most held the opinion that circulars are important for better administration (n=157, 85%) and better medical practice (n=163, 88%). The medical officers with working experience of more than 11 years (p=0.004) and the MOs with experience in an administrative post (p=0.02) showed a statistically significant better level of attitudes than others. Working experience or work place did not show a statistically significant difference in better attitudes (p>0.05). Only 5 % (n=102) identified the importance of referring circulars frequently (p=0.003).

4.4 Describing the practices on using the circulars issued by MOH among the medical officers in DGH Matara.

Among the 185 respondents one hundred and fifteen (62%) referred circulars within past one year of duration. MOs with administrative exposure(p=0.04), MOs with working experience more than 6 years(p=0.02), and grade 1 MOs(p=0.003) had referred the circulars in last year more than the others. Majority (138) accessed electronic copies of the circular while eighty-four (45.4%) participants accessed both hard copies/notice board and electronic copies to refer the circulars.

For 60%, the main reason for referring circulars were mainly personal interest (eg: salary/allowances). Majority (n=97, 52.9%) were interested in referring the circulars addressing administrative and clinical management. But, 8(4.4%) were not interested in any type of circular. Among, the 185 respondents, 84(45.4%) were actively looking for new circulars.

4.5 Describing the perceived barriers for referring circulars issued by MOH among the medical officers in DGH Matara.

Main perceived barriers for referring circular were identified as difficulty in accessing 75 %(n=138) (no computer with internet facility to unit and busy schedule prevents from referring circulars), lack of interest 61%(n=113) and difficulty of understanding technical language used 44%(n=81).

4.6 Assessing the factors affecting knowledge, attitudes and practice for referring circulars, by Medical Officers in DGH Matara

A statistically significant better level of awareness was shown by The grade 1 MOs(50/63), p=0.004 and MOs with administrative experience(13/18),(p= 0.003). The medical officers with working experience more than 11 years(p=0.004) and the MOs with experience in an administrative post(p=0.02) showed a statistically significant better level of attitudes than others. Working experience or place did not show a statistically significant difference in better attitudes (p>0.05). Referring circulars frequently was identified as important by 55%(n=102) of MOs with more than 11 years working experience than the MOs with less experience(p=0.003). Busy schedule had a statistically significant association with engagement of private practice (85/120), p =0.002.

Discussion

A self-administered questionnaire was developed instead of other study instruments to assess the knowledge among the participants, in order to ensure not to lose any important information regarding the knowledge and to avoid interviewer bias. During the development of the questionnaire its contents were discussed with a Senior Medical administrator and a Consultant Community Physician to ensure content validity and face validity of the questionnaire. Questions were structured paying special attention for the simplicity and to reduce the time required to fill and increase the responsiveness.

Almost all participants knew that circulars were issued by Ministry of Health, among them 165 (89%) aware about the ways of accessing circulars. However, 11%(n=20) were unaware about other relevant agencies except MOH, who are issuing circulars relevant to MOs. Only 70% can correctly identify a circular issued by MOH from a normal letter issued by MOH. 95% (n=176) were aware about the circular on Disturbance, Availability and Transport allowance of MOs, but only 35%-62% knew about other circulars.

Most thought that circulars are important for better administration (n=157, 85%) and medical practice(n=163, 88%) while, 55%(n=102) identified the importance of referring circulars frequently. Among the 185 respondents 115(62%) referred circulars within past one year. Among them, majority (n=95, 51.4%) referred the circular issued on Concessions for Motor Vehicle importing. Majority (138) accessed electronic copies of the circular and it was the most favorable method of access. As 60% of participants responded that their main reason for referring circulars was mainly for personal interest(salary/allowances) while majority (n=97, 52.9%) were interested on administrative and clinical management circulars.

The main barriers were, 75% found it difficult to accessing circulars (no computer with internet facility to unit and busy schedule) 61%(n=113) showed lack of interest and 44%(n=81) difficulty of understanding technical language.

Grade seniority, and having administrative experience were shown to have significantly affecting the knowledge and attitudes on circulars. DAT circular was a circular showing one of the best level of awareness. Highest awareness was among the senior MOs (>6 years) grade 1 MOs and MOs with administrative background. However, Gender, working experience, place of work did not show significant relationship.

Only 55%(n=102) identified the importance of referring circulars frequently and majority with more work experience. Among the 185 respondents, 84(45.4%) were actively looking for new circulars. This was particularly seen among the medical officers with administrative post than others. Overall, It was shown that the MOs with administrative post experience and senior MOs have good knowledge, attitudes and practices with regards to circular use. Increased use of electronic based circulars was evident.

Conclusions and recommendations

Majority of MOs working in DGH Matara were aware of accessing the circulars. Knowledge on circulars, was different depending on its relevance and impact to them personally, while the knowledge on circulars issued for public health concerns were poor, despite knowing the importance. Majority were aware on the necessity of circulars for better administration and medical practice. Accessing electronic copies was the most favorable method. Referring to of institution notice board was also popular among few specially senior MOs. Overall Good KAP were shown by doctors with administrative experience. Majority were not actively accessing the circulars and main perceived barriers were identified as institutional constraints, personal constraints and system constraints.

Sensitize newly-appointed MOs on the use of circulars and increase accessibility while communicating the major concerns in the administrative and clinical related circulars at the monthly institutional meeting are the method that can be used to increase the MOs awareness on it. Clearly detailed and updated e- versions of the circulars should be available to every Medical Officer. Further studies with MOs in other areas of the country must be carried out to assess the awareness, attitude and practice about the circulars.

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