

# ***A Descriptive Job Analysis Of Doctors As Primary Health Care Coordinators In South Western Nigeria.***

**<sup>1</sup>Dairo M.D., <sup>2</sup>Oke A.O, <sup>1</sup>Olowu A.O, <sup>1</sup>Adebimpe W.O and <sup>3</sup>Adekunle B.J**

*<sup>1</sup>Departments of Community Medicine, College of Health Sciences, Ladoke Akintola University of Technology, Osogbo Campus, Osogbo, <sup>2</sup>Primary Health Care, Ado Odo Ota Local Government Area Authority, Ota, and <sup>3</sup>Community Medicine, University College Hospital, Ibadan, Nigeria.*

## **SUMMARY**

**Background:** Although designated as primary health care coordinators the job description of doctors at primary health care levels in Nigeria are essentially that of medical officers of health. The engagement of medical doctors in this level of health care in Nigeria is of recent history. The recruitments may create a pool of primary health care coordinators without the required skills to manage the primary level of care in Nigeria.

**Objective:** To describe the job content of doctors at primary care level and their self perception of adequacy of training.

**Methods:** A cross sectional descriptive study was conducted. Thirty one doctors working at primary care levels in randomly selected southwestern states in Nigeria were interviewed using structured self administered questionnaire.

**Results:** Thirty one medical doctors occupying the position of primary health care coordinators participated in the study. Seventeen (54.8%) had been trained as medical officers of health. Fourteen of these (45.2%) perceived their training as adequate for their job content. However more doctors (80.6%) report involvement in administrative functions compared to preventive (48.4%) and

curative care (58.1%) of the patients.

**Conclusion:** An appreciable percentage of the doctors working at the primary care level lack training in management of primary health care despite their required heavy involvement in management and administrative duties. Emphasis on administrative functions may jeopardize curative and preventive care. It is suggested that administrative duties may be shared with Assistant medical officers of health. Training of more doctors in the management of primary health care is required. Orientation towards preventive and curative care at the primary health care level has become a necessity.

**Keywords:** Primary care coordinators, training, preventive care, curative care, job practice.

## **INTRODUCTION**

In 1987, the World Health Assembly at Alma Ata adopted the primary health care approach as the policy for the attainment of health for all by the year 2000 [1]. Although the role of medical doctors in the attainment of this objective was initially ill defined and controversial, it is now generally accepted that doctors have roles in the provision of primary health care [2,3]

The medical officer of health is the captain of the health team at the primary health centre. He is expected to devote the morning hours to clinical care of patients and spend the afternoon on tour programme of primary health care field work which includes all the basic elements of primary health care. He is expected to provide guidance, supervision and

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### ***All Correspondence to Dr. M.D. Dairo***

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Department of Community Medicine, College of Health Sciences, LAUTECH, Osogbo Campus, Osogbo, Nigeria.

Email address: diaromagbagbeola@yahoo.com

leadership to the health team at the primary health care level. The medical officer of health is responsible for the implementation of the national health programmes in his area of jurisdiction [2].

There was previously a shortage of trained medical doctors willing to work as primary care doctors especially in the rural areas thus the benefit of doctors participation in primary health care cannot be assessed. In recent years there has been an appreciable recruitment of medical doctors into the health service of the local government area (equivalent of a county) thus enabling the delivery of total package of primary health care. However majority of doctors recruited lacked requisite training and experience in primary health care.

This article examines the profile of duties of primary care physicians and the self reported assessment of adequacy of the current level of training of doctors in selected local government health service in the southwestern part of Nigeria. This will enable an assessment of the adequacy of curriculum for training of physicians in community medicine and public health, while providing required baseline information for the design of continuous medical education for these categories of health workers.

## SUBJECT AND METHODS

The study is a cross sectional descriptive study of physicians in the full employment of local government health service. There are six states in the south western part of Nigeria. Two states were randomly selected through a process of balloting. These are Osun and Ogun States. There are 30 local government areas in Osun and 17 in Ogun state. All local government areas in the selected states were enlisted in the study. All medical officers in the respective local governments who were willing to answer the prepared questionnaires were recruited into the study.

Participants were asked questions on their level of training and duties performed as primary health care coordinators/medical officers of health.

Information was also collected on length of service in the local government health service and their self perception of competence and constraints to job performance.

The questions were structured and coded where possible. Open questions were categorized into appropriate response groups. Data was analyzed using the SPSS software. Quantitative variables were described using appropriate measures of central tendency and dispersion.

## RESULTS

A total of 47 primary health care coordinators were employed in the local government service of the two states. Each local government health department is headed by a primary health care coordinator who is a medical doctor by qualification. Only 31 returned the questionnaires giving a response rate of 66%. Fourteen (45.2%) of the respondents were from Osun State while 17(54.8%) were from Ogun State.

Mean age of respondents was  $41 \pm 6.8$  years. The modal age was 38 years while the median was 41 years. Mean number of years of experience since graduation was  $15.4 \pm 7.0$  years with a median of 16 years and a mode of 18 years.

Table I shows only 17 (54.8) out of the 31 doctors had postgraduate education in community medicine or public health. Fourteen (84.2%) of those who had training received their training during their coursework in the Master of Public Health postgraduate degree, 10 respondents (32.2%) regarded their on-the-job experience as training. Seven (22.9%) respondents indicated that they had no form of training. Thus a majority, 21 (67.7%) had no benefit of the on the job training.

The self rated competence of the physicians is also shown in Table 1. Twenty three respondents, (74.2%) rated their competence as very good and assessed their training as relevant to their duties as primary health care coordinators and medical officers of health.

Table 2 shows the roles performed by the respondents as primary health care coordinators. Twenty five respondents (80.6%) reported

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