Physicians’ Perceptions About the Quality of Primary Health Care Services in Transitional Albania

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ABSTRACT

Aim: To date, the available information regarding the quality of primary health care services in Albania is scarce. The aim of our study was to assess the quality of primary health care services in Albania based on physicians’ perceptions towards the quality of the services provided to the general population. Methods: A cross-sectional study was conducted in January-March 2013 including a representative sample of 132 physicians (59 men aged 41.3±6.9 years and 73 women aged 43.7±4.8 years; overall response rate: 132/150=88%) providing primary health care services in several polyclinics (health centers) of Tirana, the Albanian capital city. A structured self-administered and anonymous questionnaire was applied including physicians’ perceptions regarding different dimensions of the quality of primary health care. Binary logistic regression was used to assess the association of self-perceived quality of health care services with baseline characteristics of physicians. Results: Self-perceived adequate quality of health care services was positively related to the age of physicians, their working experience, female gender, a lower population served, and specialization in family medicine. Conclusion: Our findings provide useful evidence on the self-perceived quality of health services from primary health care physicians’ perspective in transitional Albania. Health authorities in Albania should implement suitable instruments to measure the quality of health care services at all levels.

Key words: Albania, family physicians, general practitioners, primary health care, quality of care.

1. INTRODUCTION

It is not easy to define a “good” health care system and “good” health care services. In these definitions, there is a complexity of elements or components, which contribute separately, but influence in a harmonized manner the perceptions towards a given health care system (1, 2).

The health care system in Albania has undergone several periods in which the health care concept has evolved significantly (3,4). Currently, the health care system in Albania consists of three main pillars: primary, secondary and tertiary health care services (3).

The quality of health care is the consequence of strong links between service providers and users of the health care services at all levels (5). Perceived quality is one of the principal determinants of utilization and non-utilization of health care services (6, 7), a major issue in developing and transitional countries including Albania, a former communist country in the Western Balkans which has undergone tremendous political and socioeconomic changes in the past two decades associated with significant health consequences (8, 9). In addition, the rapid process of transition in Albania over the past two decades has been associated with an intensive process of internal migration (from rural areas to urban areas of the country, especially in Tirana, the Albanian capital city) and external migration (mainly to the neighboring countries including Greece and Italy) (9). Migration is linked to an increased aging which, in turn, enhances the general and already existing aging effect on healthcare utilization (that is the relative care needs of the Albanian population). To date, however, the available information regarding the quality of primary health care services in Albania is scarce. In this framework, the aim of our study was to assess the quality of the primary health care services in Albania with a main focus on family physicians’ perceptions to-
wards the quality of health care services provided to the
general population.

2. METHODS
A cross-sectional study was conducted in January-
March 2013 including a representative sample of 132
physicians providing primary health care services in sev-
eral polyclinics (health centers) of Tirana.

Initially, a simple random sample of 150 physicians op-
erating at primary health care level in Tirana was target-
ed for recruitment. Of these, 18 physicians could not be
contacted (N=7), or refused to participate (N=11). The fi-
nal study population consisted of 132 physicians (59 men
aged 41.3±6.9 years and 73 women aged 43.7±4.8 years;
overall response rate: 132/150=88%).

A structured self-administered and anonymous ques-
tionnaire was applied to all male and female primary
health care physicians who agreed to participate in this
survey. The questionnaire consisted of self-assessment
of the following key dimensions/components of primary
health care services:

Physical conditions at the workplace (measurement
scale: good [score: 2], average [score: 1], bad [score: 0]);

Availability and quality of working devices and equip-
ment for proper diagnostic and treatment services (mea-
surement scale: not available [score: 0], available but not
good [score: 1], and good [score: 2]);

Sources of scientific information available at the work-
place (not available [score: 0], available but outdated
[score: 1], available and updated [score: 2]);

Level of autonomy in decision-making (no autonomy
[score: 0], partial autonomy [score: 1], sufficient autono-
my [score: 2]).

A summary score (ranging from 0 to 8) was calculated
for each physician based on these four dimensions of the
quality of health care services which was dichotomized
into inadequate quality (overall score: 0-4) vs. adequate
quality of health care services (summary score: 5-8).

In addition, demographic data (age and sex of physi-
cians), information on working experience, number of
population served, working place (polyclinic, or health
center), type of specialization received and involvement
in teaching/training activities were collected for all physi-
cians included in the study.

Median values (and their respective interquartile rang-
es) were used to describe the distribution of age, duration
of work experience and the number of population served
by the physicians included in this cross-sectional study.
Conversely, frequency distributions (absolute numbers
and their respective percentages) were used to describe
the distribution of sex, working place, specialization, in-
volved in teaching and training activities of the prima-
ry health care physicians. Similarly, absolute numbers and
their respective percentages were used to describe the dis-
tribution of the key dimensions/components of primary
health care services according to physicians’ perceptions
(physical conditions at the workplace, devices and equip-
ment, sources of information and level of autonomy).

Binary logistic regression was used to assess the asso-
ciation between the self-assessed overall quality of pri-
mary health care services (adequate vs. inadequate) with
baseline characteristics of primary health care physicians.
Odds ratios (ORs), 95% confidence intervals (95%CI) and
their respective p-values were calculated.

SPSS (Statistical Package for Social Sciences, version
15.0), was used for all the statistical analyses.

3. RESULTS
Demographic characteristics, working experience, spe-
cialization received, teaching involvement and popula-
tion coverage of primary health care physicians includ-
ed in this survey are presented in Table 1. Median age of
study participants was 44 years (interquartile range: 38-
51 years). About 55% of physicians were females and 45%
were males. Median working experience was 14 years (in-
terquartile range: 4.5-23.5 years). Median number of pop-
ulation served was 2500 inhabitants (interquartile range:
2000-4000). About 37% of the physicians were special-
ized in family medicine, 42% were general practitioners,
whereas 21% had received other types of specializations
including cardiology, pediatrics, rheumatology, or aller-
gology. Only 29.5% of primary health care physicians in-
cluded in this study were involved in teaching and train-
ing activities (Table 1).

Table 1. Baseline characteristics of a representative sample
of primary health care physicians in Tirana in 2013 (N=132). * Medi-
an values and interquartile ranges (in parentheses). † Numbers and column percentages (in parentheses).

| Variable Distribution | Variable Distribution |
|-----------------------|-----------------------|
| Age (years) 44.0 (38.0-51.0)* | Age (years) 44.0 (38.0-51.0)* |
| Sex: Men 59 (44.7)† Women 73 (53.3) | Sex: Men 59 (44.7)† Women 73 (53.3) |
| Working experience (years) 14.0 (4.5-23.5)* | Working experience (years) 14.0 (4.5-23.5)* |
| Number of population served 2500 (2000-4000)* | Number of population served 2500 (2000-4000)* |
| Specialization: Family medicine 49 (37.1)† General practitioner 55 (41.7) Other 28 (21.2) | Specialization: Family medicine 49 (37.1)† General practitioner 55 (41.7) Other 28 (21.2) |
| Teaching involvement: No 93 (70.5)† Yes 39 (29.5) | Teaching involvement: No 93 (70.5)† Yes 39 (29.5) |

Table 2 presents the distribution of selected key di-
ensions/components of primary health care services
according to physicians’ perceptions. Overall, 31% of the
physicians considered “good” the physical conditions at
their workplace, whereas 24% deemed them “bad”. About
24% of the physicians perceived that there were no devic-
es and equipment for a proper diagnosis and treatment of
their patients, as opposed to 40% of the physicians who
considered the equipment and devices available appro-
priate. About 48% of the physicians stated that there
were no sources of scientific information available at their
workplace, compared with 20% of physicians who report-
ed availability of updated sources of scientific informa-
tion at their workplace. About 67% of the physicians perceived
a complete lack of autonomy in decision-making, whereas
10% of physicians perceived sufficient autonomy in deci-
dion-making in their current (routine) health care prac-
tice (Table 2).

Table 3 presents the association of the self-assessed quality
of services with characteristics of primary health
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4. DISCUSSION

Main findings of this survey relate to a positive association of an adequate quality of primary health care services with female gender, older age, working experience and training in family medicine of physicians operating at primary health care level in Tirana, the Albanian capital. These are generally in line with previous reports from the international literature (5-7).

Albanian doctors working at the primary health care sector face many difficulties in their professional practice. Hence, Albanian physicians are currently expected to provide not only high-quality services, but they should also apply competencies related to leadership, management, and community support at large.

From this point of view, our findings suggest that older doctors and those with more years of working experience tend to report a higher quality of primary health care services – reflecting a more favorable attitude which may be presumably linked to a higher level of professional skills and competencies. The population coverage was only a borderline predictor of the self-reported quality of services in the sample of primary health care physicians included in this study. This is an intuitive finding, in line with the expected direction, as the level of physicians' competencies is related to the experience gained in the course of their health care practice (6).

Our study was based on doctors’ perceptions about their working conditions and working environment and this can imply a subjective evaluation that can bear the possibility of information biases in the assessment of the current situation in terms of the quality of primary health care services in Albania. Therefore, health authorities in Albania should develop and implement suitable instruments to measure the quality of health care services at all levels. Furthermore, there is also a need to place in the public domain tool kits that can be used by physicians, administrators, and patient groups to assess and improve the quality of care. Similar to many countries, Albania should develop a national quality report, based on standardized comprehensive and scientifically valid measures, which should describe the country’s progress in improving quality of care (10,11). Measurement and ranking of the quality of health care services should also involve patients’ perspective, in line with experiences and practices from other countries (10,11).

The current survey was an attempt to provide evidence about the perceptions of primary health care physicians regarding different aspects of their profession. Our findings indicate that Albanian doctors face several difficulties in performing their everyday tasks and, therefore, health authorities must undertake measures to improve their performance through provision of better working environment, availability and improvement of the instruments and diagnostic devices for diagnostic and treatment services.

5. CONCLUSION

Our findings provide useful evidence on the self-perceived quality of health care services from primary health care physicians’ perspective in transitional Albania.

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Table 2. Distribution of selected key dimensions of primary health care services according to physicians’ perceptions

| Variable                          | Number | Percentage |
|-----------------------------------|--------|------------|
| Physical conditions at the workplace: |        |            |
| Good                              | 41     | 31.1       |
| Average                           | 59     | 44.7       |
| Bad                               | 32     | 24.2       |
| Total                             | 132    | 100.0      |
| Devices and equipment:            |        |            |
| Not available                     | 31     | 23.5       |
| Available, but not good           | 48     | 36.4       |
| Available and good                | 53     | 40.1       |
| Sources of scientific information:|        |            |
| Not available                     | 63     | 47.7       |
| Available, but outdated           | 43     | 32.6       |
| Available and updated             | 26     | 19.7       |
| Level of autonomy in decision-making: |       |            |
| No autonomy                        | 88     | 66.7       |
| Partial autonomy                  | 31     | 23.5       |
| Sufficient autonomy               | 13     | 9.8        |

Table 3. Association of quality of services with characteristics of primary health care physicians; odds ratios (adequate vs. inadequate quality) from binary logistic regression

| Variable                                      | OR (95%CI) | P-value |
|-----------------------------------------------|------------|---------|
| Age                                           |            |         |
| ≤35 years                                     | 0.79 (0.61-1.04) | 0.07    |
| >35 years                                     | 1.00 (reference) | 0.07    |
| Sex                                           |            |         |
| Men                                           | 0.68 (0.42-0.91) | 0.02    |
| Women                                         | 1.00 (reference) | 0.02    |
| Working experience:                           |            |         |
| ≤10 years                                     | 0.77 (0.51-0.94) | 0.04    |
| >10 years                                     | 1.00 (reference) | 0.04    |
| Number of population served:                  |            |         |
| <3000 inhabitants                             | 1.29 (0.95-1.63) | 0.09    |
| ≥3000 inhabitants                             | 1.00 (reference) | 0.09    |
| Specialization:                               |            |         |
| Family medicine                               | 1.56 (1.13-1.97) | 0.03    |
| General practitioner and/or other             | 1.00 (reference) | 0.03    |
| Teaching involvement:                         |            |         |
| No                                            | 0.89 (0.73-1.19) | 0.29    |
| Yes                                           | 1.00 (reference) | 0.29    |
CONFLICT OF INTEREST: NONE DECLARED.

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