Medical students' attitudes towards the primary healthcare approach – what are they and how do they change?

Draper CE, MA (Research Psychology), PhD (Public Health)
Department of Human Biology, Faculty of Health Sciences, University of Cape Town
Louw G, DVSc
Department of Human Biology, Faculty of Health Sciences, University of Cape Town

Correspondence to: Dr CE Draper, E-mail: cdraper@sports.uct.ac.za

Abstract

Background

The context of the research presented in this article is the new MBChB curriculum at the University of Cape Town (UCT) that has been in operation since 2002. This new curriculum is primary health care (PHC) driven and puts emphasis on the integration of biological and psychosocial elements. The context of curriculum reform at UCT can be placed within the broader South African context, in which the South African Department of Health has made a commitment to the PHC approach. The aim of this research was to provide an understanding of medical students' attitudes towards the PHC approach. The findings presented in this article form part of a broader set of findings for a PhD research study aimed at qualitatively exploring medical students' attitudes towards and perceptions of PHC.

Methods

A qualitative approach was used and focus groups and interviews were conducted with second-, third- and fourth-year medical students at UCT. A total of 82 students were purposively selected to participate in the research. A content analytic approach was used to analyse the focus group and interview data.

Results

The students generally had a positive attitude towards the PHC approach and were positive about UCT's decision to promote this approach. Some, however, were concerned about the international relevance and status of their degree, and concerns were also raised about the contrast between the theory and reality of the approach, with many labelling PHC as idealistic. The students' responses indicated that their attitudes towards the PHC approach were open to change during the course of their academic career and were influenced by a range of factors. Some of these factors are related to the medical school environment, such as the PHC approach itself, how PHC is taught, and the views of other students and staff at UCT. Other factors that were not related to the university included personality, the students' background and exposure to health facilities, and clinical exposure outside UCT.

Conclusion

These findings raise the question of whether students are able to think and feel positively about the PHC approach, but not actually internalise the philosophy of the approach. The students' struggle with the incongruence between what is perceived as the idealistic theory of PHC and the reality of health care in South Africa is also an issue that needs to be acknowledged. These issues have international relevance, and are particularly significant in South Africa, where a commitment has been made by the South African Department of Health to the PHC approach and where doctors are set to play a vital role in its implementation and success.

SA Fam Pract 2007;49(2):17

The full version of this article is available at: www.safpj.co.za **Ⓟ This article has been peer reviewed**

Introduction

The South African situation and the primary healthcare approach

As part of the White Paper for the Transformation of the Health System in South Africa, the Department of Health made a commitment to the primary health care (PHC) approach.[1] This commitment called for a rethink of the training of health professionals, and the White Paper stipulates that "particular emphasis should be placed on training personnel for the provision of effective primary health care".[1]

It is important that PHC be seen as an approach that goes beyond first-contact services.[2] Referring to it as the PHC approach acknowledges that it is both a strategy and a philosophy. It is a strategy in the sense that it represents the manner in which health services need to be organised and delivered. It is a philosophy as it emphasises the need for health and other sectors to work together and argues for a community-based and decentralised approach to health and health care.[3]

Medical students and the PHC approach

Very little research has been done on medical students' views of PHC, and the research that has been done is not recent.[4,5,6] Most of these articles focus mainly on evaluations of the students' exposure to PHC in their curriculum, or do not report clearly positive or negative feelings about PHC.[4,6] Also, students' negative attitudes towards PHC are reported as part of a study that did not explicitly look at students' attitudes,[5] and these attitudes are unfortunately not discussed in detail. The only recent study to give some indication of medical students' attitudes to PHC investigated students' perceptions of the teaching methods used in a PHC course. The students were reported to have an overall positive view of the course, and the majority felt that the course was important as part of their training and future careers as doctors.[7]

The PHC approach and UCT's MBChB curriculum

Apart from being a national and global strategy for health and health care, it is important that PHC forms part of medical education and helps to frame the educational environment for learning, teaching and assessment. In order to better coordinate the integration of PHC in its Faculty of Health Sciences, the University of Cape Town (UCT) adopted a PHC policy in 1995, and the PHC Directorate was then established in mid-2003. In 2002, UCT also adopted a new MBChB (Bachelor of Medicine and Bachelor of Surgery) curriculum, which is largely problem based and PHC driven. In their second semester of study, medical students at UCT are formally introduced to the PHC approach.

Aim

This paper aims to present the attitudes of UCT medical students towards the PHC approach, and the findings presented in this article form part of a broader set of findings for a PhD research study that aimed to qualitatively explore medical students' attitudes towards and perceptions of the primary health care approach at UCT.

Ethical approval for this research was obtained from the Research Ethics Committee in the Faculty of Health Sciences at UCT (REC REF: 324/2003).

Methodology

The study used mixed methods, but this article will focus on the data gathered from the qualitative methods, i.e. focus groups and interviews. Although focus groups and interviews were conducted with some first-year students, only those conducted with second-, third- and fourth-year students provide data on the students' attitudes towards the PHC approach. Purposive sampling was used to select participants, and a total of 82 students were approached when gathering the data for the findings presented in this article.

A content analytic approach was used in the analysis of the data. A conceptual framework, based on meaningful categories of data from the focus group and interview transcripts, was used to classify the data. This framework then formed the basis for seven major themes, and the findings presented in this article form part of the themes of 'PHC: for and against', and 'PHC: views of the approach'. These included the students' attitudes towards and views of the PHC approach, why it is important to learn about the PHC approach, and the students' feelings about the PHC approach being promoted at UCT.

Findings

Attitudes towards PHC

Students in all groups had an overwhelmingly positive attitude towards the PHC approach in terms of what it stands for. Very few students claimed to have negative feelings towards the approach. Most of the negativity had to do with their view of PHC as a subject being "boring". It is likely that students were referring to the material covered, but could also have been alluding to the way in which it is taught.

"I feel positive about it, about the idea and the philosophy and where it comes from, it's an indication that someone … they saw a mistake and so they're trying to fix up things" (2nd-year student)

The students in all the groups had an awareness of the importance of learning about the PHC approach, and this largely centres on how PHC has broadened their perspective. In their discussion of this, they use phrases such as "see another side", "clearer picture", "broader view", "better picture" and "broader perspective", which suggest that their original picture, view or perspective was somewhat limited or narrow.

"I think that it allowed for us to see another side of medicine … it allowed us to go to the clinics to visit … also to get that whole new perspective … this sort of brings the whole thing into context, gives you a clearer picture of what you're getting into" (2nd-year student)

Apart from broadening their perspective, individual students mentioned other valuable aspects of learning about the PHC approach, such as providing a foundation for future learning and interaction with patients and also raising awareness among students of the situations that they will face.

Views about PHC being promoted at UCT

Many students felt positive about UCT's decision to offer a PHC-driven curriculum. This feeling is based on the apparent strength of PHC as an approach, the fact that it could make them more capable doctors, and the need for UCT to keep up with international trends. A number of students felt that the PHC approach should be promoted by UCT in order to adequately prepare them for work in South Africa. A few students questioned UCT's decision to promote the PHC approach, and their concerns were that 'other approaches' and the 'hard sciences' could be sidelined.

"I think it's an enlightened way of doing it,

it's looking at the situation of South Africa and saying, 'what do we need to do as a university to help?'" (2nd-year student)

A fair number of students raised concerns about whether or not their degree would be internationally relevant and recognised. They based this concern on the emphasis on the South Africa situation and argued that they would be restricted to working in developing countries. However, some students did point out that that diseases of affluence *and* poverty can be found in South Africa, and that an extremely wide range of health care is offered, thereby preparing UCT students for work in both affluent and impoverished areas.

"A lot of students say 'why am I learning this because I don't think I will have to use this?' But then my response is that, to me it's just you are in South Africa, you're doing medicine and I suppose if you're not going to want to stay in the country, be part of the solution to the problem, then tough luck" (3rd-year student)

Positive changes in attitudes

Some second-year students acknowledged that their own attitudes towards PHC, as well as the attitudes of their classmates, had changed in a positive direction. This change was not attributed to something specific, but involved an increased understanding of the value of the approach.

In comparison to these second-year students, older students spoke more of reaching a point of acceptance with regard to learning about the PHC approach. For those against the PHC approach, this acceptance would more likely be a matter of resignation, whereas the others seem to have moved beyond this point and to have made a decision to make the best of it. Some of the students had come to appreciate the approach. It is possible that this is because these students have begun to see its relevance and are also able to observe some of the practicalities of the approach through their clinical exposure. These changes in attitudes are reflected in Figure 1.

Influences on attitudes

The students were asked to comment on the factors they believed to be influencing their and other's attitudes towards the PHC approach. They responded with a range of factors, some of which were related to the medical school environment, such as the PHC approach itself, how PHC was taught, and the views of other students and staff at UCT. Other factors that were not related to the university included personality, the students' background and exposure to health facilities, and clinical exposure outside UCT.

In terms of the nature of the PHC approach and how this might influence students' attitudes towards it, one student described PHC as a "lot more subtler form of medicine" and suggested that this could be unnerving for some, as it lacks the boundaries and framework that seem to be associated with the hard sciences. One could easily imagine how the ambiguity and insecurity surrounding the PHC approach could lead to negative attitudes. Another student raised the point of the students' motivations for studying medicine and considered that negative attitudes towards the PHC approach may be related to motivations not congruent with what the PHC approach involves.

"I think the primary healthcare approach makes it more difficult. I think there's more challenges because you're going to have to go out into communities rather than being in a hospital where everything is nice and orderly" (2nd-year student)

A number of students felt quite strongly that the way in which the PHC approach was taught had a negative influence on their attitudes towards it, even if they felt that the PHC approach was good in theory. The 'force' with which it was presented, the lack of organisation in the course, repetition, time spent on the course, and the activities that were part of the course were all said to have had a negative influence on their attitudes towards the PHC approach. However, in spite of this negativity, some of the students felt that their visits to communities and health facilities in their first year had a positive influence on their attitudes towards the PHC approach.

There was no consensus among the students on the manner in which socio-economic status influences attitudes towards the PHC approach. Most students quite easily divided the students into two categories, namely 1) affluent and 2) impoverished or disadvantaged, and remarked on the impact of socio-economic status on their understanding of the need for the PHC approach in certain areas, their willingness to work in communities and help those who might not have access to health care, their perception of their own need for the PHC approach, and their impression of the feasibility of the PHC approach.

Some students believed that those from impoverished backgrounds would more readily see the need for the PHC approach and would understand how this approach could help, but that they may also see the PHC approach as unrealistic because of their circumstances. Others believed that those from affluent backgrounds might not fully understand the need for the PHC approach and would not necessarily see it as the system they would use. However, these students felt that if they were relatively unaware of the circumstances in disadvantaged areas they may be more likely to believe the PHC approach could work. There were other students who proposed that people from more affluent backgrounds may be more interested in the PHC approach because they have not become desensitised to the conditions in disadvantaged areas.

The students' experiences of health services and their exposure to private or public sector services were identified as having a significant influence on their attitudes to the PHC approach. The implication appears to be that students who have had experiences with the public sector will more readily see the relevance of the PHC approach and hence have a more positive attitude towards it. This implication then further complicates the issue as it contradicts the views of other students.

Figure 1: Changes in students' attitudes towards the PHC approach

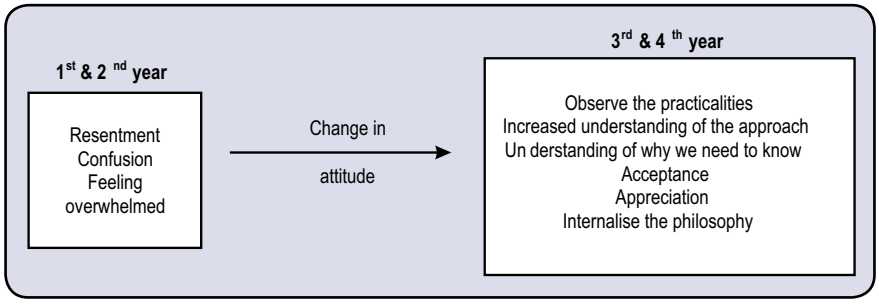
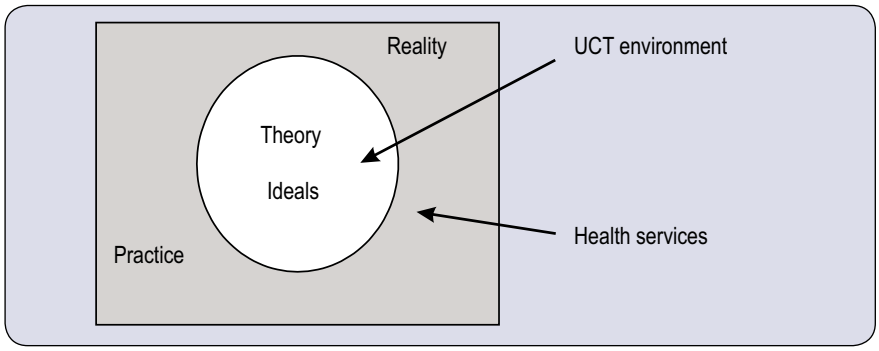


Figure 2: Contrast between the theory and reality of the PHC approach



"I think you realise the need more when you have experienced what it's like to not be in an ideal type state where things don't come that easy … I think then you realise that you'd like something from the powers that be to get things to you so that life can be a bit easier" (2nd-year student)

Personality was said to have a strong influence on students' attitudes – a stronger influence than background, according to some. People who are positive about the PHC approach were depicted as empathic, compassionate, self-sacrificing and having a desire to help and empower people. In contrast, people against the PHC approach were described as self-serving and ambitious regarding wealth and success.

Idealism of the PHC approach

Attitudes can also be influenced by views, and one of the students' most dominant views of the PHC approach was that it is idealistic. Some students specifically mentioned that PHC is an idealistic approach, particularly in the South African situation, because of the economic circumstances of much of the population and the fact that it is a developing country that may not have sufficient resources at its disposal.

In spite of many comments depicting rather negative feelings about the idealism of the PHC approach, there were students who felt positively about it. One student warned against equating 'idealistic' with 'impossible', and others claimed that the attainment of these idealistic goals of the PHC approach could happen if the right things were put in place, people worked hard to achieve it and believed that it is possible. Some students felt that it was necessary to have an idealistic goal to work towards, and others argued that idealism was indeed necessary in the health sector, as the status quo needed to be challenged regarding health care.

"…with something like health care where human rights are so involved, you can't be anything but idealistic with that" (4th-year student)

Theory vs. reality

The other dominant view regarding the PHC approach was the conflict between the theory and ideals of PHC and the reality of this approach (see Figure 2), and in many ways this builds on the students' views of the PHC approach as idealistic.

Some of the students' comments indicated that they thought the theory would be difficult to put into practice, while others seemed to base their views on what they had seen in reality and the incongruence of this with the theory they had learnt. A few students also spoke about feeling upset, frustrated and disheartened as a result of this tension between theory and reality.

"…they are always telling you what it is and that it has to be done like this and this and this, but it is very idealistic because that doesn't happen in practice, and I think that is going to be a big frustration for us because they give us all the ideals but then we have the real world, and guess what, it is not like that" (4th-year student)

Discussion

These findings show that students at UCT have a generally positive attitude towards the PHC approach in terms of being in favour of what it stands for. Factors that have a negative impact on the students' attitudes should not be ignored, and areas for improvement should be recognised and addressed. The students' opinions of the subject as 'boring' also need to be acknowledged and thought should be given to how this perception could be altered. In spite of the generally positive attitude towards the approach, the crucial question remains whether students have internalised the philosophy of PHC, and it seems possible that some students would be able to think and feel positively about the PHC approach but not actually allow their own world view to be altered.

The students' struggle with the incongruence between what is perceived as the idealistic theory of PHC and the reality of health care in South Africa is also an issue that needs to be tackled. Their difficulty with the gap between theory and reality may have something to do with them perceiving that the PHC approach is a statement of how things ***are*** and not how they ***should be***, which is what the approach is proposing. It is vital that the PHC approach should remain a goal towards which this country is striving for those involved in and responsible for South Africa's health services.

In terms of the influences on the students' attitudes towards the PHC approach, the ambiguity of the role of socioeconomic status and background is most definitely relevant in South Africa, and it raises the question of the extent of the students' insight into apartheid. These students may not be used to thinking in terms of race and socioeconomic status, and are thus unsure of the role that they play. This unfamiliarity with these issues, juxtaposed with the persistent impact of the legacy of apartheid on the lives of those who were previously and are still currently disadvantaged, seems to be the root of this ambiguity.

Conclusion

Owing to the fact that these students are going to be South Africa's doctors of the future and will be involved in the implementation of the PHC approach and helping to ensure that the approach works in the country, it is vital that there is some exploration of their attitudes towards the PHC approach. Due to the current paucity of research on this topic, the findings of this study are a valuable addition to the small amount of existing literature, but there is definitely a need for more research to be done in this area. Longitudinal studies could be particularly valuable in this regard, as they could help educationalists assess the alignment between curriculum outcomes, students' attitudes and the settings in which they will be working.

It would be important to conduct this type of research at other South African medical schools in order to explore students' attitudes towards the PHC approach from a wider range of academic settings. If similar research was conducted at other universities, it would help to place the attitudes of the UCT students within a broader South African context and could facilitate a comparison between different groups of students. Comparisons could be made between these findings and those from medical schools located in more rural settings, and between students from urban and rural areas.

The findings of this study are not only applicable to South Africa, but have international relevance. It is important for medical schools worldwide to have an understanding of students' attitudes towards the PHC approach or other approaches to health and health care that their university and country have adopted. Within the findings presented here there are some key lessons for those teaching the PHC approach and designing medical curricula in which this approach is promoted. Firstly, these findings indicate that it is possible for students to be positive about the PHC approach, but not necessarily internalise its philosophy, and this could be related to the students' concerns about the reality of its application. Secondly, initially negative attitudes towards the PHC approach are open to change over time, and further national and international research could help to understand in greater depth and more detail what brings about such a change.

Thirdly, and related to this potential for change, is that attitudes are open to a wide range of influences. Some of these influences have been presented in the findings of this study, but further research, both in South Africa and worldwide, would help to identify the similarities and differences between these influences and influences in other settings. By having a better understanding of students' attitudes towards the PHC approach, where these attitudes come from and whether, how and why they change, teachers and curriculum designers would be able to identify areas of weakness that require intervention and areas of strength that can be maximised.

Acknowledgements

Dr Draper would like to thank Prof. Graham Louw (UCT) and Dr David Taylor (University of Liverpool) for their supervision of this research project, Dr Judy Dick (Medical Research Council, South Africa) for her assistance in the area of qualitative research, and all those students who were participants in this project. The authors would also like to acknowledge those course organisers who play an invaluable role in introducing medical students to the PHC approach at UCT, and would particularly like to mention Prof. Derek Hellenberg and Mrs Lorna Olckers, both from the School of Public Health and Family Medicine.

Funding for this research was provided by the South African Medical Research Council and the Ernest Oppenheimer Memorial Trust.

Declaration

The authors declare that they have no financial or personal relationship(s) which may have inappropriately influenced them in writing this paper.

References

1. Department of Health. White paper for the transformation of the health system in South Africa; 1997: http://www.doh.gov.za/docs/policy/white_paper/healthsys97_01.html (Accessed 5/8/2005).
2. Walt G, Vaughan P. An introduction to the primary health care approach in developing countries: a review with selected annotated references. London: Ross Institute of Tropical Hygiene Publication No. 13, London School of Hygiene and Tropical Medicine; 1981.
3. Van Rensburg HCJ. Primary health care in South Africa. In: Van Rensburg HCJ, editor. Health and health care in South Africa. Pretoria: Van Schaik; 2004. p. 412-58.
4. Ramalingaswami P. Indian student doctors' attitudes towards primary health care, poverty and related issues. *Med Educ* 1989;23:463-71.
5. Kumpusalo E, Tuomilehto J. Teaching of primary health care in practice: a model using local health centres in undergraduate medical education. *Med Educ* 1987;21:432-40.
6. Whittaker DE. Aims and attitudes: teaching primary health care at UCT. *S Afr Med J* 1985;68:258-9.
7. Abdelmoneim I. Students perception of the various teaching methods used in the primary health care course in the Abha College of Medicine. *Saudi Med J* 2003;24:1188-91.