Assessment Of Physicians` Density And Facility - Based Workload At Public PHCs/ Duhok Governorate A Pilot Study, 2010

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Introduction

OVERVIEW AND BACKGROUND:

❑ **Health workforce represents one of the key building blocks of every health system.**

❑ **Health systems & health services depend critically on effective human resources` policies, size, skills, & commitment of the Health workforce.**

OVERVIEW AND BACKGROUND: (cont.)

❑ **Health workforce is identified to be a central constraint that has a priority for action to strengthen & develop health systems in affected countries.**

❑ **Addressing health workforce crisis which is progressively more prominent in recent years possesses a formidable challenge in both developing & developed countries.**

DEFINITION OF HEALTH WORKFORCE

Health Workforce is defined as:
" The stock of all individuals engaged in the promotion, protection or improvement of health of population".

Also, defined as: " All people engaged in action whose primary intent is to enhance health".

Including: Physicians, dentists, pharmacists, nurses, midwives & all other medical & non medical health workers & assistants.

AIM AND SPECIFIC OBJECTIVES

Aim:

To assess the current status of physicians available at public health facilities in Duhok Governorate during 2010 through implementing a pilot study at primary health centers (PHCs) focusing on the density & workload aspects.

Specific Objectives:

❑ Assess density of physicians currently working at public health facilities in Duhok Governorate during 2010.

❑ Assess physicians` workload at public PHCs in Duhok Governorate during 2010.

Sample Selection:

- Fourteen public PHCs are chosen randomly as a sample. Two PHCs in each of the seven districts of Duhok Governorate as a whole.

Sample Size:

All physicians who are currently available and working at the randomly selected public PHCs, during 2010 were eligible.

DATA COLLECTION:

- **Period: December 2010.**
- **Interviews done individually or in groups, with physicians present at the public PHCS during the field visits.**

- **Registration books & reports at the level of PHCs or Duhok Directorate General Of Health (DOH) are also taken as another source of data.**

MEASURES AND PARAMETERS

❑ **Assessing Density Indicators:**
  ❖ **Estimation of physician` density level.**
  ❖ **Identification of physicians` distribution in term of gender & district.**

❑ **Assessing workload Indicators:**
  1st Estimation of available time during a year (in hours) for all physicians who are currently available at the public PHCs, to see patients.
  2nd Setting activity standards:

MEASURES AND PARAMETERS (cont.)

2nd Setting activity standards:

➢ **Eligible Physicians:** All physicians currently working at public Primary Health Centers (PHCs).

➢ Available time needed for a physician to see a single patient is identified to be **15 minutes** (as an estimate value).

MEASURES AND PARAMETERS (cont.)

2nd Setting activity standards:

➢ **Six hours/ day (from 2 a.m till 2 p.m) has been considered as <u>a standard full time work</u> for all physicians currently working at the sampled public PHCs; and <u>eight hours/ day</u> is considered as a target.**

➢ **<u>Workload Ratio</u>: is = No. pt. visits to any PHC during 2010/ Estimated No. of patients could be seen during full time work hours at that PHC during same year (as a collective value for all physicians currently available).**

Results

Table (I): Current Staff Availability & Distribution Of Physicians In Duhok Governorate/ 2010

Names of Districts	Male		Female		Total	
	No.	%	No.	%	No.	%
Duhok	280	42	187	28	467	70
Zakho	65	10	13	2	78	12
Aqra	31	4.5	11	1.5	42	6
Amadiya	21	3	10	2	31	4.5
Summail	10	1.5	8	1	18	3
Barderash	11	2	6	1	17	3
Shekhan	7	1	3	0.5	10	0.5
TOTAL	425	64	238	36	663	100

Table (II): Current Distribution of Physicians Available at Public Health Facilities/ Duhok Governorate - 2010

District Name	Catchment Population2010	No. of Physicians			
		Target No. /1000 Pop. (Estimated Value)(		Current (Actual Value)	
		Value	Per 1000	Value	Per 1000
Duhok	392649	297	1	467	1.1
Amadiya	100936	101	1	31	0.3
Zakho	223703	224	1	78	0.3
Aqra	135950	136	1	42	0.3
Summail	119028	119	1	18	0.1
Bardarash	97205	97	1	17	0.1
Shekhan	99912	100	1	10	0.1
Total	1169383	1074	1	663	0.5

Table (III): Current Available Actual Time of Work & Workload For Physicians Working At Public PHCs/ Duhok Governorate- 2010

District name	PHC name	Current no. of physicians	Available hours for all physicians during year 2010		Estimated no. of patients that could be seen at PHC		No. of patients /2010	workload Ratio	
			Current 6hrs	Target 8hrs	During Current 6hrs	During Target 8hrs		6hrs	8hrs
Duhok	Khebat	5	7061	9691	28244	38764	45515	1.6	1.2
	Zanist	3	4105	5683	16420	22732	15768	1	0.7
Amadia	Botan	2	2627	3679	10508	14716	32084	3.1	2.2
	Sersink	3	4105	5683	16420	22732	30916	1.9	1.4
Zakho	Khabour	3	4105	5683	16420	22732	65291	4	2.9
	Delal	2	2627	3679	10508	14716	32913	3.1	2.2
Aqra	Aqra	2	2627	3679	10508	14716	23258	2.2	1.6
	Azadi	2	2627	3679	10508	14716	29459	2.8	2
Bardarash	Berderash	7	10017	13699	40068	54796	56972	1.4	1
	Khazir	3	4105	5683	16420	22732	12862	0.8	0.6
Shekhan	Qasrook	2	2627	3679	10508	14716	46004	4.4	3.1
	Chirra	1	1149	1675	4596	6700	16064	3.5	2.4
Summail	Gulan	7	10017	13699	40068	54796	49065	1.2	0.9
	Tenahi	2	2627	3679	10508	14716	24085	2.3	1.6
Total		44	60426	83570	241704	334280	480256	2.37	1.69

Conclusions
&
Recommendations

CONCLUSIONS

1. **In-equal gender distribution of physicians currently working at public health facilities all over Duhok Governorate; but it is more evident both, in Dohuk & Zakho Districts.**

2. **There is marked shortage in number of physicians currently available at public health facilities in only six districts; other than, Duhok District.**

CONCLUSIONS (cont.)

3. There is visible workload on physicians during current full work time 6hrs/ day almost, at all PHCs in all districts; mostly, in Zakho & Shekhan Districts.

4. It is still workload on physicians almost in all districts even if the actual work time will be prolonged to 8 hrs per day; except in the PHCs where there are more number of physicians.

RECOMMENDATIONS

❖ **It is of great importance to do reviewing of physicians` distribution system to be according to both, the population of catchment areas & number of patients` visits to the related health facilities.**

❖ **Assessment of the current health workforce, at different levels in Kurdistan Region is valuable in strengthening & developing the current health system; as, it is essential & fundamental to identify requirements & priority actions in most of future effective planning for health.**