Original Research / Orijinal Araştırma

Attitudes of Family Doctors Working in Primary Care in Issuing Health Reports: An Exploratory Research

Birinci Basamakta Çalışan Aile Hekimlerinin Sağlık Raporu Düzenleme Tutumları: Keşfedici Araştırma

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Abstract

Aim: This study aims to evaluate primary care family doctors' attitudes towards issuing health reports. The deficiency in the existing literature regarding the reporting attitudes of family doctors working in primary health care centers led the researchers to conduct this study.

Method: This research is a qualitative, exploratory study conducted in 2024. Population of the research is family doctors in Ağrı city center. A purposive sampling type was preferred in the research and qualitative interviews were conducted through a semi-structured interview form with 14 family doctors working in different Family Health Centers in Ağrı city center.

Result: It was seen that medical report requests and numbers vary depending on the region, season, period, and even day where family health center is located. Family doctors prepare an average of 15-20 medical reports per day; the most common types of reports requested include sick leave, driver's license, military service, marriage, athlete license, employment, and occasionally, reports for air rifles.

Conclusion: Physicians think that the physical conditions of polyclinics, their training, and legal legislation are inadequate when it comes to issuing health reports. It is thought that new legal regulations and in-service training are needed regarding health reports.

Key words: Family Practice, Premariatal Examinations, Health Legislation

Özet

Amaç: Bu çalışma birinci basamak aile hekimlerinin sağlık raporu düzenlemeye yönelik tutumlarını değerlendirmeyi amaçlamaktadır. Birinci basamak sağlık kuruluşlarında çalışan aile hekimlerinin raporlama tutumlarına ilişkin mevcut literatürdeki eksiklik, araştırmacıları bu çalışmayı yapmaya yöneltmiştir.

Yöntem: Bu araştırma, Ocak-Mart 2024 yılında yapılmış, nitel, keşfedici bir çalışmadır. Araştırmanın evrenini Ağrı il merkezindeki aile hekimleri oluşturmaktadır. Araştırmada amaçlı örnekleme türü tercih edilmiş olup, Ağrı il merkezinde farklı Aile Sağlığı Merkezlerinde görev yapan 14 aile hekimi ile yarı yapılandırılmış görüşme formu aracılığıyla nitel görüşmeler gerçekleştirilmiştir.

Sonuç: Aile sağlığı merkezinin bulunduğu bölgeye, mevsime, döneme ve hatta güne göre sağlık raporu talep ve sayılarının farklılık göstermektedir. Aile hekimleri günde ortalama 15-20 rapor düzenlemektedir; en yaygın talep edilen rapor türleri arasında hastalık izni, ehliyet, askerlik, evlilik, spor lisansı, işe giriş ve yizsiz av tüfeği raporları yer almaktadır.

Öneri: Hekimler, sağlık raporu düzenleme konusunda polikliniklerin fiziki koşullarının, kendi eğitimlerinin ve yasal mevzuatın yetersiz olduğunu düşünmektedirler. Sağlık raporları konusunda yeni yasal düzenlemelere ve hizmet içi eğitimlere ihtiyaç olduğu düşünülmektedir.

Anahtar Kelimeler: Aile Hekimliği, Evlilik Öncesi Muayeneler, Sağlık Mevzuatı

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Introduction

Family medicine is an academic and scientific discipline that prioritizes primary care services within the medical profession, works based on evidence, and has educational materials. A family doctor is a person who provides continuous and comprehensive health care to the individual and his family and provides care to the patient regardless of the patient's age, gender, affected organ, or type of disease.[1] "Family doctor is responsible for providing preventive health services and primary diagnostic, treatment and rehabilitative health services to each patient comprehensively and continuously in a specific location, regardless of age, gender, and disease, providing mobile health care to the extent necessary and working full-time. They are specialist physicians or physicians who have received the training by the Institution".[2]In the family medicine and primary health care system in Turkey; Family physicians, who appeal to a certain population, interact with many different individuals and serve different groups. One of these services is to prepare a health report. According to the Family Medicine Law No. 5258 "…All kinds of reports, referral documents, prescriptions and other documents that are required to be prepared by primary health care institutions and official physicians in the relevant legislation are prepared by family physicians in places where family medicine practice has been implemented".[3] Similarly, according to the Family Medicine Practice Regulation, family physician "It is responsible for issuing all kinds of health reports, referral documents, prescriptions and other documents that are foreseen to be issued for individuals by primary health care institutions and official physicians in the relevant legislation".[2]

In line with the relevant laws and regulations, family physicians provide a driver's health report, especially a rest report, a driver's health report during the process of obtaining or renewing a driver's license; a marriage health report before marriage, employment health report when applying for a job and recruitment, athlete health report when obtaining an athlete's license, military recruitment health report during military recruitment, mental health report in case of old age or illness, smoothbore shotgun report when purchasing a firearm, and work disability reports for work accidents or work disability in case of occupational diseases. However, different attitudes can be observed among family physicians regarding issuing these reports. This research is an exploratory study conducted to reveal the daily practices and attitudes of family physicians regarding health reports. Within the framework of the literature review, it was seen that there is no comprehensive research on the report preparation attitudes of family physicians working in FHCs (Family Health Centers) in Turkey.[4-7] In this perspective, this study will make a significant contribution to the field in terms of filling the gap in the existing literature.

Methods

This research is exploratory research conducted to develop a measurement tool that can evaluate family physicians' attitudes toward issuing health reports. Exploratory research is research that is conducted when the research topic is relatively new and the researcher does not have much knowledge about the relevant topic because not enough research has been done, and it enables the researcher to obtain preliminary information about the relevant topic.[8] Exploratory research is also considered a 'pilot study' as it is generally seen as the initial phase of systematic field research.[9] The purpose of exploratory research is to provide the researcher with the necessary information to define the research problem and conduct more comprehensive research. Therefore, exploratory research can also be carried out to develop data collection tools that can be used in future research.[10] In exploratory research, research problems cannot be formulated because there is not much information about the subject before starting the research. For this reason, qualitative methods are generally preferred in such research. In exploratory research, literature review, interviews, and live recordings (letters, diaries, biographies) are used as data collection techniques.[11] Qualitative research methods and techniques were employed in this study based on this point. Before collecting the data for the study, necessary permissions were obtained from Agri Ibrahim Cecen University Scientific Research Ethics Committee (Ethical Committee Permission Date: 28.12.2023 No: 298) In this study, semi-structured interviews were conducted with doctors/experts who have experience in the subject in order to reveal the attitudes of family physicians in preparing health reports. Experts were selected from those who would contribute the most to the research using the snowball sampling technique, one of the non-probability sampling techniques. Since the chain access logic prevails in snowball sampling,[12] while conducting the interviews, the researcher asked the participants about the information of other experts they knew on the relevant subject and who might agree to be interviewed. Thus, interviews were held with 14 family physicians who had experience in the relevant field. The "extremity" criterion was taken as the basis when deciding on the sample size. Accordingly, "interviews end when no new information is obtained from the selected sample units".[13] Interviews continued until data saturation was reached. The interviews were conducted face-to-face by the researcher, and the interviews were recorded with the consent of the participants. The interviews were held at the participants' workplaces. Before starting the interviews, each participant was guaranteed that no identifying information - person or institution name and information - would be used in the research and that the recordings of the interviews would not be shared with third parties under any circumstances, thus aiming to make the participants more comfortable during the interviews.

Two participants did not want to be recorded, and the interviews were written by hand by the researcher. The audio recordings were deciphered by the researchers themselves. The words and sentences in the recordings were transcribed verbatim into the text and no corrections were made. Although the participants' statements were published, their identities were kept private by assigning them a number (e.g.P1).
The researchers first analyzed the audio recordings and the obtained data were analyzed taking into account the thematic analysis stages.[14] Before gathering to review the codes and themes in the guide, the researchers separately reviewed one of the transcripts, created the code guide, and identified potential themes. The themes and definitions created were presented to expert opinion and necessary corrections were made. Descriptive analysis, one of the qualitative data analysis types, was used in data analysis.

Results and Discussion

14 people participated in the study and demographic information about the participants is given in Table 1. According to the table, the participants are between the ages of 24 and 41 and consist of 4 women and 10 men. While 3 of the participants are family medicine specialist physicians, 11 are family medicine physicians. It was observed that all the participants were located in the city center and their family medicine experience varied between 1 month and 10 years.

Table-1: *Socio-demographic characteristics of the participants*

	Age	**Gender**	**Workplace Type**	**Title**	**Experience as a doctor**	**Experience as a family medicine doctor**
P1	37	Male	FHC/Urban	Family Medicine Doctor	10 years	7 years
P2	33	Male	FHC/Urban	Family Medicine Doctor	10 years	7 years
P3	35	Male	FHC/Urban	Family Medicine Specialist Doctor	10 years	4 years
P4	29	Female	FHC/Urban	Family Medicine Specialist Doctor	6 years	4 years
P5	31	Male	FHC/Urban	Family Medicine Doctor	7 years	6 years
P6	31	Female	FHC/Urban	Family Medicine Doctor	5 years	2.5 years
P7	31	Male	FHC/Urban	Family Medicine Doctor	6 years	1 month
P8	31	Female	FHC/Urban	Family Medicine Doctor	7 years	5.5 years
P9	27	Male	FHC/Urban	Family Medicine Doctor	2 years	6 months
P10	28	Male	FHC/Urban	Family Medicine Doctor	2 years	6 months
P11	38	Male	FHC/Urban	Family Medicine Doctor	13 years	10 years
P12	35	Male	FHC/Urban	Family Medicine Doctor	9 years	8.5 years
P13	30	Male	FHC/Urban	Family Medicine Doctor	3 years	2 years
K14	41	Female	Hospital/Urban	Family Medicine Specialist Doctor	17 years	6 years

This research aims to issue the health report writing attitudes of family physicians. For this purpose, which health report requests the family physicians participating in the research encounter most, how many of these demands they meet, and their attitudes towards meeting these health report requests are revealed.

1.Health Report Requests

Within the scope of the research, participating physicians were asked how many reports they prepared on average per day. Participants stated that report requests and numbers vary depending on the region, season, period, and even day where FHC is located. Accordingly, factors such as the presence of a school near the FHC, being in the academic year, the FHC is located in a crowded area, and the period for which the report is requested affect the type of report requested and the number of reports issued. While most of the interviewed physicians stated that they prepared an average of 15-20 health reports a day, some physicians also stated that they prepared 1-2 reports a day, depending on the region. Although the type of report requested varies depending on the region where the FHC is located, the participants stated that they mostly issued sickness reports. The request for a sick report has become so widespread that some participating physicians stated the average number of reports without including this type of report. Since the period in which data was collected coincided with the period when driver's licenses were renewed, physicians stated that they encountered the highest demand for a driver's license report after the sickness report. Apart from these, marriage, military service, and employment reports, which are also among the reports that can be given within the scope of FHC, are among the most requested and issued report types. P10 used the following statements regarding the intensity of report requests:

At least 7-8 people came today. For example, on Monday, I saw that there were 108 patients there and only 15 people came for health reports. While some days are really busy, I'd say this week was relatively busier. Because the end of the year is coming. Will the driver's license fee be increased or something? By the way, I don't count the reports we give to children going to school. Too many if they're included. Because we examine, most of the children we examine do not go to school anyway. If we include them. The number I will give may be wrong. When there is school, according to the day, according to the number of patients. Today I saw 60 patients, yesterday I saw 100 patients. To say something average, we can say 8-10 a day. It varies depending on density. For example, if we talk weekly, I think it is close to 15-20 because they come very often for their driver's licenses and military service. But even though the number of patients was the same a month ago, the number of reports was lower. It varies according to demand. (P10, 28, Male)

Based on the participants' statements, it was observed that family physicians mostly encountered requests for medical records, driver's licenses, military service, marriage, sportsman's licenses, employment, and, less commonly, smoothbore shotgun reports. According to the "Directive on the Procedures and Principles of Health Reports", rest and incapacity reports, military recruitment health reports, health records of drivers and driver candidates, health reports for hunting wildcats, and pre-marital health records are prepared by family medicine physicians or specialist physicians.[15] Apart from this, "rest reports, drug use reports, medical equipment reports, health board reports, and single physician health reports are also issued by primary healthcare providers".[15] Although the relevant regulation determines the types of reports that family physicians working within the scope of FHC can issue, participating physicians also stated that they encountered different report requests from patients. For example, P6 (31, Female) *There are many different demands. "Give me the report that he can swim on the Bosphorus Bridge, give me the report that he can play chess, give me the report that he can walk on the road doctor, here is the report that he can do karate."* expressed it with her words. Similarly, P3 (35, Male) expressed the patients' different report requests with the following words: *"he can run, he can do a handstand, he can fly, he can even stand on one leg. That's stupid. There were so many requests for reports that day. For example, someone came to the cafeteria and asked him to report to me because he couldn't eat. According to him, he would take the money for that meal."* Again, P2 (33, Male) experienced a similar incident, "*For example, a patient came the other day and said, doctor, I am postpartum, I cannot do sports or shoot, I want a report.' the female police officer said"* explained it with his words. Participants also stated that they encountered requests from patients such as employment reports, mental ability reports, and athlete license reports. Participants stated that while they responded positively to requests that were deemed appropriate by the regulation and could be met within FHC conditions, they rejected report requests in cases that they thought were beyond their scope and referred them to a higher institution.

2. Report issuing attitude and defensive medicine practices

It has been observed that there are differences in attitudes among physicians regarding meeting report requests. Accordingly, while some physicians did not feel any reluctance to meet the demands of patients, many participating physicians expressed that they were uncomfortable meeting these demands. His attitude towards issuing a report P11 (38, Male) *"For me, there is no difference between prescribing medicine and issuing a report. So, as a patient, I give if necessary. Of course, if he doesn't need it, I won't give it to him."* expressed it with his words. A significant portion of the interviewed physicians (9 people) stated that they felt uncomfortable about

preparing a report. However, the discomfort here may be largely due to the patient's inability to express himself or not knowing which report to request, irregular report requests, and report requests that cannot be given in primary care, as well as the physicians' instinct to protect themselves professionally. In recent years, malpractice lawsuits filed against doctors due to medical errors have been increasing. For example, nearly 6 thousand malpractice lawsuits were filed against doctors in the last 5 years, 178 of them were accepted, while 1011 were partially accepted and a compensation of 172 million Turkish Lira was fined.[16] This situation may cause some physicians to be afraid of astronomical compensation figures and to approach the patient with the instinct of professional protection. Some participating physicians stated that they referred patients to a higher institution in cases where they needed to take initiative due to the risk of malpractice. For example, P5 (31, Male) stated in the example he gave regarding driver's license reports that the physical conditions of FHCs are insufficient to issue this report, that in cases where further examination is required, this cannot be detected in FHC conditions, and that such situations may cause situations that will create a risk of malpractice in the future. P5 expressed the psychological impact of malpractice risk on physicians with the following words:

"For example, when people see a car accident like this, they are just thinking about something else, and we say, "I wonder who gave the driver's license report for this?" "Could they detect this?" or "Will anything happen to that doctor?" We think. For example, this makes us sad. For example, in athlete reports, especially in the news, a child has a heart attack on the field while playing basketball and dies. His family, for example, has a complaint: "Why did that doctor give us the report? If he had told us to go, wouldn't we have gone anyway?" Why did he give us this report? Of course, these negatively affect the feasibility of the profession." (P5, 31, Male)

Similarly, P9 (27, Male) stated that he never gave irregular reports to protect himself and that he referred them to a specialist physician in cases that were beyond his knowledge, and he expressed that physicians were reluctant to submit a report as *"In order to protect himself. In the past, they were given a lot, but now the penalties have increased so much that the doctor's salary is low. People are now afraid of issuing these reports because the penalties are high."* expressed it with his words.

Based on the statements from participants, it seems that malpractice lawsuits influence physicians' perspectives on report preparation. Physicians refer reports that they think will exceed their competence to a higher institution or specialist due to the risk of malpractice. This shows that defensive medicine practices have an impact on the participating physicians' attitudes toward preparing reports. Defensive medicine practices are practices that physicians and other healthcare professionals use to protect themselves from medical malpractice lawsuits. With these practices, healthcare professionals aim to prevent lawsuits against them rather than trying to ensure the recovery of their patients.[17] Research has shown that defensive medicine practices, especially by doctors, have become widespread in recent years. In Kartal's study that explored how family physicians' views on defensive medicine practices influence their stance on providing driver's reports, it was revealed that while just 5% of the participants had been involved in a malpractice lawsuit, nearly all of them (97%) believed that such lawsuits would impact their medical performance.[7] In the same study, it was seen that the participants largely agreed with the statement "As issues related to malpractice receive a lot of coverage in the media, I feel uneasy in my medical practice".[7] Again, in the research conducted with family physicians in Edirne, it was determined that defensive medicine was applied at a rate of 94.8%.[18] Similarly, in the research conducted with family medicine physicians in Samsun, it was determined that the rate of middle and above defensive medicine practice of the participants was 86.5%.[19] In a study conducted with family physicians in Istanbul, 96% of the participants stated that they were worried about the possibility of legal proceedings being initiated against them, although with different frequencies when preparing a driver's report.[7]

3. Health report training

Within the scope of the research, participants were asked whether they had received any training regarding health reports. Out of the participants, only 3 indicated that they had received training, whereas 11 did not receive any training on how to prepare a health report. One of the participants who received training stated that he received superficial training on how reports are prepared and what the legislation is during his assistantship; The other two participants stated that they received training on how and when to prepare a report during their family medicine internship. Trained physicians stated that the education they received was quite superficial and insufficient and that this education should be provided more effectively during the undergraduate period.

For example, P10 (28, Male), who has been working as a family physician for 6 months, stated that he did not receive any training on preparing reports and expressed the difference between the theoretical training he received and practice with the following words: *"(Education) I wish we could get it. I received training from friends. So, we study at the faculty and do things. Let me give you an example: We learn from our teachers which medicine to give in case of tonsillitis or headache. But when we come here, we do not know anything about how to submit a sick leave report or how to fill it in the system. Since I was also working as an administrator, I did not know which report would be given in which system. Thanks to my friends who helped me with this for the first few days, I*

couldn't even see patients for a few days. Because it's not possible. Because you don't know the system. It takes time and experience to use this system. Thanks to our friends, we tried to establish these with their support. Now, where I see that I am lacking, we are questioning the medical information and the reports retrospectively, such as how we did it, how we should do this, and what not to do. For example, I think it has been manageable for me now with 5 months of experience. "From now on, any patient can come as I wish. I think I have enough experience to carry out my job easily in terms of the things we can do under FHC conditions and the things we can give in terms of reports." (P10, 28, Male)

All of the participants stated that periodic training should be given to family physicians and other branch physicians within the report referral chain regarding health reports. Because the responsibility for health reports does not only concern primary healthcare institutions, other specialties, and institutions are also included in the report referral chain. Physicians often use this chain when preparing health reports, but a lack of communication between institutions and individuals prevents the regular functioning of the referral chain. This is one of the problems most frequently expressed by participating physicians. Participant P6 (31, Female) suggests that the training to be given specifically to the reports should also be given to the institutions requesting the reports and to the experts at the next level of the referral chain.

The fact that family physicians do not receive any training specifically on health reports and that those who receive training have superficial knowledge also causes physicians to not be familiar with the legislation regarding health reports. While 5 physicians among the interviewed participants stated that they had a good command of the legislation, 5 physicians stated that they had a partial knowledge of it, and 4 physicians stated that they were not familiar with the existing legislation regarding health reports. Physicians who stated that they had a partial knowledge of the legislation stated that they were familiar with the legislation of the reports that can be given under FHC conditions and that they consulted other physicians in cases where they were unsure or exceeded their knowledge. Physicians who stated that they had a good command of the legislation stated that they updated their knowledge by following the legislation and regulations regarding the reports themselves.

"So I know the regulations because I am interested in this health report. But I don't think a doctor who normally practices outpatient clinics would spend too much time reading the legislation, given his workload. There are two reports with legislation in Turkey. One is the marriage report, the other is the driver's license report. Other than this report, no other report has such a clearly defined framework and legislation. The driver's license report is the most clearly defined, so I feel comfortable giving the driver's license report. We issue marriage reports according to a public health law enacted in the 1930s. It does not match today's conditions at all and it needs to be updated. In fact, the general sanitation law says that if the person is diagnosed with syphilis and tuberculosis, the marriage is postponed for 6 months until the person is treated, and if he has a psychiatric disorder, not having normal mental health is also an obstacle to marriage. You know, there are only these three things that hinder it. But we look for hepatitis, HIV, AIDS, then now we look for SMA, we look for Mediterranean anemia." (P14, 41, Female)

Another important point stated by the participants is that the existing regulations are outdated and have not been updated according to today's conditions. Today, the legislation used for the marriage report is the General Hygiene Law.[20] This situation may raise questions about how the doctor will evaluate the person. Like P14, many physicians request many tests that are not actually in the legislation. Because the relevant legislation and regulations are not updated, the tests required by the legislation are insufficient to evaluate the patient, and physicians take the initiative and request other advanced tests. However, since these examinations are not included in the legislation, a physician may have to issue a report even if the result is negative. For this reason, participating physicians stated that the regulations and legislation regarding health reports should be updated to include new emerging diseases.

Family physicians prepare health reports within the scope of the "Directive on Procedures and Principles of Health Reports" dated 30.09.2019 and numbered 23642684-010.04-1618. Since this directive covers health reports that can be issued by all health institutions, its content is quite narrow and limited in many respects. Although institutions from time to time inform physicians about the regulations or legislation they have prepared regarding some health reports, many physicians may not be aware of them.[20-22] On the other hand, the narrow scope of the relevant regulation and its unclear boundaries pose a problem for physicians. In such a situation, while some physicians take the initiative to prepare the report, many physicians have to refer it to a higher institution or unit, and this situation causes tensions between the patient and the physician, in many cases, they may encounter verbal and sometimes physical violence. Among the doctors involved, a significant number have experienced verbal abuse as a result of the situation described (11 individuals). One physician reported facing verbal threats, while another physician mentioned that a knife was brandished against him, and the same patient also contacted CİMER (Presidential Communication Center) to issue threats. While the toll of violence in healthcare has been evident in Turkey in recent years, such situations can also cause physicians to face the risk of violence, especially in FHCs where security measures are extremely inadequate.

Lack of training for family physicians regarding health reports or the superficial training given also creates a feeling of inadequacy/incompetence in physicians. Even if a competency develops over time with professional experience, the physical inadequacies of FHCs prevent physicians from issuing some reports. Moreover, this circumstance makes doctors feel incompetent.

"I feel inadequate in things that require expertise, I do not feel competent… When you consider the outpatient clinic conditions, I am not physically capable of giving all the reports. Likewise, when I think about FHC, there are no sufficient physical conditions to provide all reports in FHC. It is not very accurate to report only with a visual acuity test. Here, the regulation says, "Check the visual field as well", but there is no test that can evaluate the visual field. If you suspect something or have a problem with your eyes, I have nothing to see. There is especially physical inadequacy in FHC. That's why we ship it. "I think the physical conditions are sufficient in the hospital, but inadequate in the FHC." (P14, 41, Female)

"Not feeling competent is also very important here, physical inadequacies are also very important. Because medicine is a constantly evolving science. New imaging techniques and new analyzes are constantly coming out, but while we are asked to do the things that are asked of us at their most extreme levels, we are only in primary care... The things and examinations that are asked of us are approximately at the level where we would have to see one patient a day if we tried to do all of those examinations. We are general practitioners. I cannot perform a neurological examination as quickly as a neurologist. "When I evaluate that person's muscle strength at work, I cannot do it at very advanced levels, it would take at least half an hour to look at his whole body reflexes." (P5, 31, Male)

"(The inadequacy) is due to the scope of the family doctor. Because I cannot perform the same examination as a neurologist and a psychiatrist, especially with these shotgun reports, we send them because of the patients who go beyond our scope as general practitioners." (P11, 38, Male)

4.Problems, working environments, and possible solutions

Physicians within the scope of the research were asked what the most important problem was regarding health reports, and they answered that the reports were arbitrariness, the physical conditions of FHCs were insufficient to issue some reports, the ignorance/misdirection of patients, the inadequacy of legislation and regulations, differences in attitudes between physicians and patient-physician They listed problems such as strained relations. For example, P1 (37, Male) stated that report requests have become arbitrary and that every institution requests reports but does not detail these requests.

"It's back to arbitrariness now. So there is no legislation. The Directorate of National Education recruits teachers to the school and requests a report. What report are you talking about? No... In the Turkish healthcare system, since the Ministry of Health does not determine these, everyone requests reports according to their regulations. The reporting system issue in this regulation also produces the following result. It is not clear what the requested report is. "Make a report. It all boils down to "Isn't it a piece of paper you're going to give me?" (P1, 37, Male)

Inconsistent report requests were also mentioned by participants as one of the main issues. Participants stated that they frequently encounter patients who request a medical report even though they are not sick, or who are directed by higher authorities to "get a report" even though they do not need a report. For example, P6 (31, Female) stated that some patients request a sick report to combine their weekend vacation even though they are not sick, and students request a medical report during exam periods to avoid taking the exam. While this may be a personal request, in some cases the person may be directed to request an irregular report by the institution to which he/she is affiliated. For example, P14 (41, Female) explained this situation with the following words:

"People can be directed to get a report even without the situation requiring them to get a report. For example, in school activities, the child does not need to get an athlete report. Well, a person's statement is enough. The manager says go and get a medical report. You say the following you say that your statement is sufficient, but the other party is still not convinced. You know, the doctor says there is no need, the thing (institution) says there is a need. "Even though you issue a regulation and send it, the other side is still more insistent about the report." (P14, 41, Female)

"For example, the child will only run, a marathon. Now, if this child is not healthy, it may be a problem, maybe it is good, maybe it is not. But is there a need for a report for that child? It is not right to refer him because he does not have an athlete's license. We are trying to explain that the report is unnecessary and that the family's statement is sufficient. As far as I remember, our provincial health director has a letter about it, about national education, public health, public education, and youth sports. But they are not convinced about that issue. Now, when I go swimming, they send their child to the same swimming hall or gym where I go, saying "Go and get a medical report". Okay, there is no such thing here as saying that everyone should get a health report. "We cannot provide a health report to the entire population on this issue." (P10, 28, Male)

It is understood from the participants' statements that this situation may sometimes be due to patients' ignorance or misdirection. For example, P3 (35, Male) stated that patients, especially patients over middle age, should be

informed about the reports because these people still have problems preparing reports because they remember the system as it was in the past. Similarly, P10 (28, Male) stated that many patients were not aware of the content of the report they would receive and said, *"Doctor, I came to get a report." This is a very open-ended question. Then I say aha, let's see what happens. "Which report?" He expressed it with the words "doctor, health report", and "Okay, which report?"*

Apart from the above-mentioned problems regarding the preparation of health reports, the most important problem expressed by almost all participants is that the existing legislation and regulations specific to health reports are not determined with precise and clear boundaries. In health reports, doctors cited this as the most significant issue. For example, P12 (35, Male) expressed the most important problem with health reports as follows:

"I mean, there is no legislation. There is no legislation with appropriate infrastructure regarding this. I think this is the biggest problem. Because the reports are very vague. There are many types of reports. I think this is the biggest problem. It is necessary to sit down and make common legislation, especially with other institutions, not our ministry alone, but together with all other institutions, and it should be clearly stated in which report, for example, in the athlete license report, to which sections it should be referred. For example, there should be a clear statement stating that if the doctor does not refer, there will be a problem. I mean, because otherwise, this time it becomes a problem." (P12, 35, Male)

Although the physicians included in the research share similar views with P12, the problem that P12 expresses as "because otherwise, this time there is a problem" is the differences in attitudes between physicians caused by the fact that the legislation and regulations are not determined with clear and precise boundaries. What is meant by differences in attitude is the fact that some physicians prepare certain types of reports, while others refrain from issuing them, and the tension this situation creates with the patient. This situation also causes the doctor-patient relationship to be tense. Doctors might utilize the initiative when they are unfamiliar with laws and regulations or when there is no explicit rule of the pertinent report. At this point, if some physicians take positive initiative and prepare the report and another physician does not, the patient and the physician will say, "Doctor, we got it from this FHC, why don't you give it to us?" (P12, 35, Male), "My friend got it from somewhere else." Dialogues such as "You need to give it too" (P10, 28, Male), and "so-and-so bought it, why don't you give it?" (P11, 38, Male) occur, and this may cause the patient-physician relationship to become tense and even lead to verbal arguments. Such differences in attitudes among physicians also prevent the process from functioning properly. Participating physicians stated that in case of such discussions, they informed the patient that he could change his family physician, and in most cases, the patient changed his family physician and had the report he requested prepared.

Physicians included in the study also consider the straining of the patient-physician relationship when the patient does not prepare the report requested or refers the patient to a higher specialist, among the most important problems. Because reports cannot be included in the referral chain within the current system, 99% of the patients react negatively if they request a report that the family physician cannot issue under FHC conditions or if they are referred to a higher institution or specialist if there is a situation that the specialist should see during the report examination. While P6 expressed this situation with the words *"very rare, maybe 10-15%",* P4 stated that patients come to the FHC with the expectation that they will have a health report issued, and when they are referred to a higher institution, *"Why did you refer me, why is it not happening here, how I'll find an appointment, I don't have such a disease."* P14 stated that the tension created by this situation between the patient and the physician could lead to verbal violence, and P12 stated that in a similar situation, he was subjected to verbal threats and called the police.

In response to the problems listed by the participants, determining the legislation and regulations within strict limits, making the FHC conditions suitable for issuing reports, informing the physicians in the reporting chain with in-service training to be given from time to time, informing the patients about the reports and their contents through public service announcements, posters, and brochures, and ensuring that only the centers responsible for issuing health reports are established. They made suggestions such as establishing reporting medicine units. For example, P5 (31, Male) expressed his suggestion for establishing report centers as follows:

"I think there should be reporting centers and people should make an appointment there and people should pay really good prices for it. So, yes, there should be a special system, good money should be paid, detailed things should be done and all of Turkey should be scanned periodically and then this system should be established… So, even the physicians who will work in the report centers should not be from that region. For example, it is ridiculous that our name appears. "There definitely needs to be a QR code system." (P5, 31, Male)

As a solution to these problems, physicians should determine the legislation and regulations within strict limits, make the FHC conditions suitable for reporting, inform the physicians in the reporting chain with in-service training to be given from time to time, inform patients about the reports and their contents through public spots, posters, and brochures, and only issue health reports. They made suggestions such as establishing designated centers or reporting medicine units.

Conclusion

As a result of the study, it was seen that factors such as the presence of a school near the FHC, being in the academic year, the FHC is located in a crowded area, and the period in which the report is requested determine the type of report requested and the number of reports issued. While participating physicians are generally not disturbed by patients requesting a report, some participants do not want to prepare a report or feel uncomfortable due to the patient's inability to express themselves or not knowing which report to request, irregular report requests, report requests that cannot be given in primary care. In the research, it was seen that a significant portion of family physicians did not receive any training specifically on health reports, and many physicians learned how to prepare reports and regulations through professional experience, research, and consulting with experienced physicians. Physicians who do not receive any training on the relevant regulations and legislation may act more reluctantly toward the patient and refer them to a higher institution or may issue reports that cannot be issued under FHC conditions. This may cause differences in attitude among physicians and may also negatively affect the patient-physician relationship. Within the scope of the research, the most important problem stated by family physicians in health reports is that the boundaries of legislation and regulations are not clearly defined, and the differences in attitudes created by this situation. Large-scale survey studies could be carried out to evaluate how well the results of this qualitative investigation match the field. The preparation of up-to-date and comprehensive legislation regarding health reports, as well as the inclusion of topics related to health reports in both pre-graduation and post-graduation educational programs, could contribute to alleviating the reluctance and uncertainty in the field.

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References

1. Mola E, Eriksson T. The European Definition of General Practice/Family Medicine [Internet]. WONCA Europe; 2011 [Accessed 15 January 2024]. Available from: https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/regionDocs/European%20Definition%20of%20general%20practice%203rd%20ed%202011.pdf
2. Aile Hekimliği Uygulama Yönetmeliği [Internet]. 25 January 2013. Available from: https://www.mevzuat.gov.tr/MevzuatMetin/yonetmelik/7.5.17051.pdf
3. 5258 sayılı Aile Hekimliği Kanunu [Internet]. 24 November 2004. Available from: https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5258.pdf
4. Kuş C, Avşar A, Karabekiroğlu B. Birinci Basamaktaki Hekimlerin Adli Rapor Konusunda Bilgi, Tutum ve Davranışları. J Anatol Med Res. 2023;8(2):14-21.
5. Üstü Y, Uğurlu M, Öztaş D. Sürücü Olur Raporlarının Aile Hekimi Açısından Değerlendirilmesi. Ank Med J. 2016;16(4):361-9.
6. Filiz T. Spora Katılım Belgesi Düzenleme İle İlgili Olarak Birinci Basamak Hekimlerinin Bilgi ve Tutumları [Yayımlanmamış Tıpta Uzmanlık Tezi]. Sağlık Bilimleri Üniversitesi; 2020. s.8-10.
7. Kartal S. İstanbul İli Aile Hekimlerinin Defansif Tıp Uygulamaları Tutumu ve Bunun Sürücü Raporu Düzenleme Uygulamalarına Etkisinin Değerlendirilmesi [Yayımlanmamış Tıpta Uzmanlık Tezi]. Sağlık Bilimleri Üniversitesi; 2023. s.18-24.
8. Swedberg R. Exploratory research. The production of knowledge: Enhancing progress in social science. 2020;2(1):17-41
9. Hallingberg B, Turley R, Segrott J, Wight D, Craig P, Moore L, et al. Exploratory studies to decide whether and how to proceed with full-scale evaluations of public health interventions: a systematic review of guidance. Pilot and Feasibility Studies. 2018;4(1):104.
10. Nayir F, Sarı T, Sarıdaş G. Karma Yöntem Araştırma Sorularının Doğasını Keşfetmek. Pamukkale Üniversitesi Sosyal Bilimler Enstitüsü Dergisi. 2024(60):361-72.
11. Karahan S, Uca S, Güdük T. Nitel araştırmalarda görüşme türleri ve görüşme tekniklerinin uygulanma süreci/Interviews and interviewing techniques in qualitative research. Nitel Sosyal Bilimler. 2022;4(1):78-101.

12. Güler A, Halıcıoğlu MB, Taşğın S. Sosyal Bilimlerde Nitel Araştırma Yöntemleri Teorik Çerçeve – Pratik Öneriler 7 Farklı Nitel Araştırma Yaklaşımı – Kalite ve Etik Hususlar. 2015. s.472.
13. Merriam SB. Nitel Araştırma. Nobel Akademik; 2015. s.308.
14. Kiger ME, Varpio L. Thematic analysis of qualitative data: AMEE Guide No. 131. Medical teacher. 2020;42(8):846-54.
15. Sağlık Bakanlığı Sağlık Hizmetleri Genel Müdürlüğü, Sağlık Raporları Usul ve Esasları Hakkında Yönerge. 30 September 2019. [Accessed 23 May 2024] https://dosyasb.saglik.gov.tr/Eklenti/48555/0/saglik-raporlari-usul-ve-esaslari-hk-yonergepdf.pdf?_tag1=68C4D36175AE2B9A2DEE0BD39D6F8569FCD66F93
16. Doktorlara 5 yılda 6 bin 'malpraktis' davası açıldı [Internet]. https://medimagazin.com.tr/; 2022 [Accessed 08 March 2024]. Erişim adresi: https://medimagazin.com.tr/guncel/doktorlara-5-yilda-6-bin-malpraktis-davasi-acildi-99848
17. Başer A, Kolcu G, Çığırgil Y, Kadınkız B, Öngel K. İzmir Karşıyaka İlçesinde Görev Yapan Aile Hekimlerinin Defansif Tıp Uygulamaları ile İlgili Görüşlerinin Değerlendirilmesi. Smyrna Tıp Derg. 2014;16-24.
18. Sezer Kara K. Edirne'deki birinci basamak hekimlerinin defansif tıp uygulamaları hakkında bilgi ve tutumları ve bunun klinik pratiklerine etkisi [Tıpta Uzmanlık Tezi]. Trakya Üniversitesi; 2020. s.43.
19. Öztürk E. Samsun İl Merkezinde Görev Yapan Aile Hekimleri ve Aile Hekimliği Uzmanlık Öğrencilerinin Defansif Tıp Uygulamaları Hakkında Bilgi, Tutum ve Davranışları [Tıpta Uzmanlık Tezi]. Ondokuz Mayıs Üniversitesi; 2021. s.49.
20. 1593 sayılı Umumi Hıfzıssıhha Kanunu. Madde 122-124 Resmi Gazete: 6 Mayıs 1930 Sayı:1489
21. Askeralma Yönetmeliği [Internet]. 22 July 2020. Available from: https://www.resmigazete.gov.tr/eskiler/2020/07/20200722-5.htm
22. Sürücü Adayları ve Sürücülerde Aranacak Sağlık Şartları ile Muayenelerine Dair Yönetmelik [Internet]. 26 September 2006. Available from: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=10664&MevzuatTur=7&MevzuatTertip=5