PHCC’s Health Needs Assessment: Focus Group Results

2022-2023

This document was produced under the overall direction of the Department of Strategy Planning and Health Intelligence

The report was prepared by Dr. Azza Mustafa Mohammed

Introduction

The Department of Strategy Planning and Health Intelligence at the Primary Health Care Corporation (PHCC) conducted a series of 10 focus groups. The information collected will be used to understand patients' expectations, provide feedback to improve quality of care, encourage accountability, and help develop action plans to enhance the overall patients' care.

This study is part of the PHCC's Health Needs Assessment designed to identify priority health issues at the primary care level. Following the completion of the first Community Health Assessment in (2019-2020) that combined quantitative and qualitative methods, it was determined that the PHCC would facilitate a second round of data collection to give an updated understanding of trends in health needs and health service use among primary care adult clients.

This report details the final results of the focus group component of the community health needs assessment conducted between January and February of 2023.

Methods

Study design

The number of focus groups was guided by theme saturation and the criterion of informational redundancy" [1]. We planned 10 focus groups to be conducted in two cycles. Each cycle included 5 focus groups each of them covered a different demographic group. It was agreed that after the completion of the two cycles the study team will evaluate the data collected and decide if more focus group sessions were needed. However, after conducting 10 sessions with a total of 82 participants, it was decided that data saturation has been reached and information collected became repetitive as no new themes were emerging.

Designing the focus groups to target different demographic groups helped us to achieve across group theme saturation and conducting 2 sessions for each demographic group was essential to ensure within group theme saturation.

Demographic groups covered were (female, male, population aged (18-34) years old, population aged ≥ 35 years old). Special attention was paid to recruiting younger population (18-25) years old.

The design of the focus groups followed a structured format where specific interview open-ended questions were asked at each group. This format was used to make certain that all important topics were covered in all groups, not to mention that it helped in comparing information between groups to ensure thematic saturation.

Study setting

The focus groups were conducted at the PHCC's Health centers as it is familiar to participant populations. Focus groups sites were selected based on recommendations from regional directors of the operations' team at PHCC and the choice was determined based on the size of the center and type of population it serves. Sessions were distributed to cover all PHCC three geographical regions with three sessions conducted in the central region, four in the Northern region, and three in the Western Region (Table 1).

Table 1: Health centers at which focus groups were held and the size of population it serves		
Health Center region	**Health Center name**	**Population size**
Central	Airport	89,125
	Omar Ibn-AlKhattab	80,587
	Al-Thumama	22,201
Northern	Um Salal	84,096
	Al-Kaaban	5,790
	Qatar University	76,940
	Al-Gharafa	114,658
Western	Al-Rayyan	88,108
	Muaither	38,214
	Mesaimeer	113,818

Group structure & facilitation

Each focus group lasted for approximately 2 hours which is a significant time frame that allowed in depth discussions. The focus groups sessions were facilitated by trained moderates to ensure that the questions were delivered in a unified and clear language and to reduce chances of questions' misinterpretation by the participants . A facilitator guide was developed by the study team, and the moderators were trained based on it. A script was developed for the moderators to guide and unify the discussion. They used the script along with a presentation that explained the purpose of the focus groups, went over the focus group rules, and reinforced the confidentiality of all the information shared.

Study population

All participants were recruited by health centers' staff. They were selected to participate if they met inclusion and exclusion criteria. The selected focus groups' sites were contacted and asked to provide a list of potential participants. The list was extracted from the electronic system. In addition, we emphasized diversity in nationality, and family composition in recruitment. The list of participants suggested by the health center staff were then screened for eligibility by the study team. Recruitment staff at health centers made direct phone calls to potential participants. And official invitations were sent via emails to those expressed interest in attending.

Inclusion criteria

- Age groups of (18-69)
- Have a valid health card and is registered at one of the PHCC health centers, preferring participants that have accessed PHCC health centers in the last 12 months.

Exclusion criteria

- Don't fit in the age cohort (≥70)
- Didn't access PHCC health centers for more than 3 years prior to the study date.

Sample

Convenience sampling was used as the sampling methods. In addition, we used purposeful sampling and identified participants based on recommendations from health centers' staff. The middle east is a conservative region, part of the cultural norms is that people can be hesitant about asking questions, commenting on or challenging other participants' points of views as it might be perceived as a sign of impoliteness [2], that posed a challenge for recruiting people to the sessions. We wanted to make sure that at least some of the participants will have the ability to communicate their health experiences and opinions in an articulate, and reflective manner [3]. It was agreed that each session should have a maximum of 3 information rich cases to control for researcher bias. The "information rich cases" were identified by health centers staff through the help of local community leaders.

Consent

The study was part of health Needs Assessment project that was approved by the Managing Director, and the Corporate Strategy Implementation group (CSIG) at PHCC in January 2022. The project was exempt from IRB review as it was decided that the study presented no more than minimal risk to subjects. However, investigators prepared an oral presentation that included core information about the study, possible risks and confidentiality information that was shared with the subjects at the beginning of the sessions. Oral informed consent was obtained from participants at each session. In addition, participants were reminded that the information discussed during the focus group shouldn't be shared and remain confidential.

Data collection and analysis

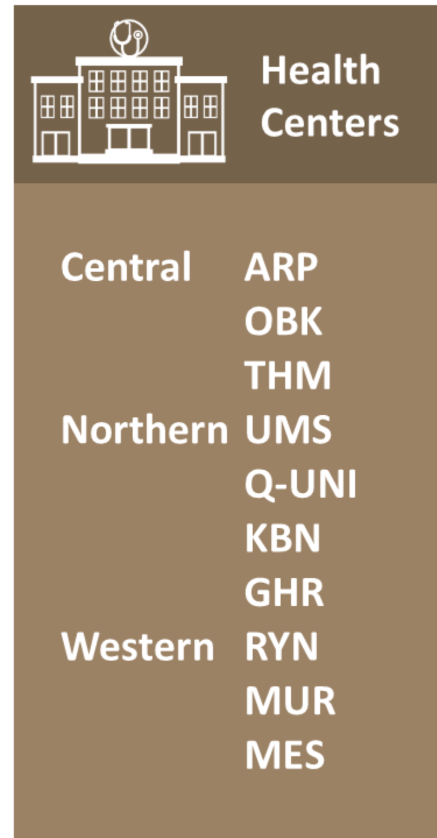
All sessions were conducted between January and February of 2023. All sessions were recorded using audio recording device after taking permission from participants at the time of recruitment as well as the beginning of the sessions. All audio recordings were destroyed after transcription. In addition, two individuals from the study team took written notes during the sessions. Audio recordings were transcribed verbatim by the analysis team immediately after completion of each focus group to ensure the freshness of the information and context.

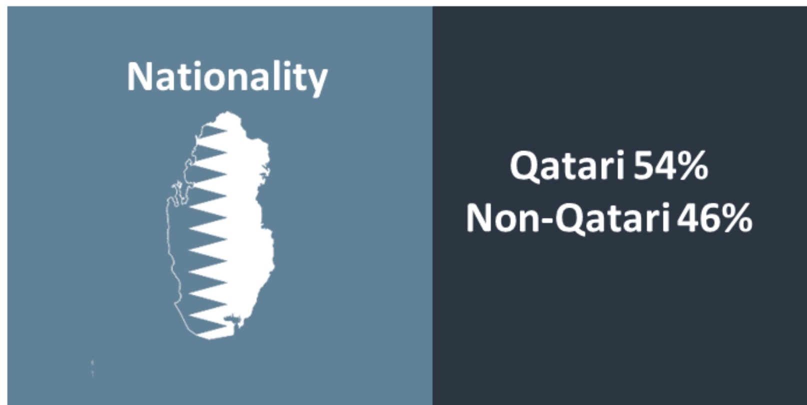
The data was analyzed manually using thematic template analysis and "a priori" themes were identified in advance (Table 2) to be able to organize the data before starting the process of coding. The initial template was applied to further data and modified as required. Then, the codes were further analyzed and grouped into subthemes and categories. Themes identified in each focus group were compared to the whole data set and themes that didn't have enough data to support them, recurred less than three times across all focus groups, were excluded.

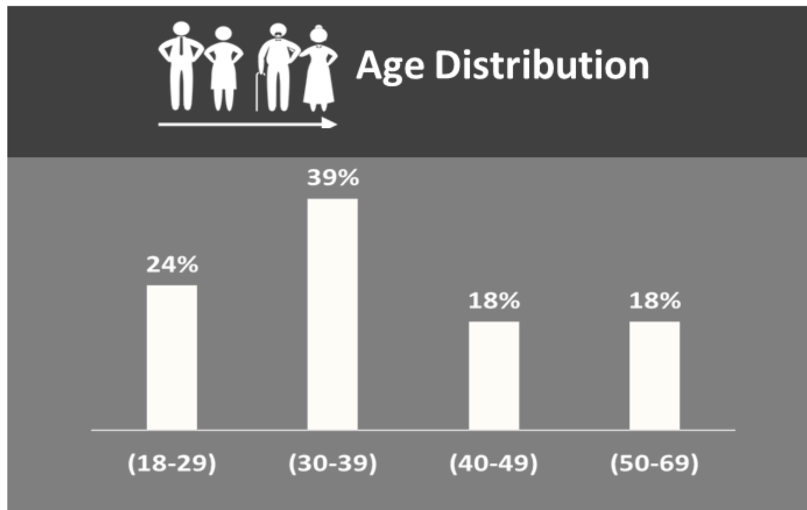
Table 2: Focus group template codes	
Code	**Description**
Community health related issues	Reflections on what makes a community healthy
	Perceptions about the most important problems/conditions that must be addressed to improve health in the community
Health care needs	Types of health care services people need to maintain their health
	Gaps in health care services
	Sources of the health information one's needs that is related to their health
Health care experiences	Personal examples or health care experiences shared by family and friends
Barriers to access	What keeps the person or his family from going to the doctor or seeking health care, specifically accessing health programs, or going to doctor's appointments
Prevention strategies	Perceptions about preventive care
	Attitudes towards screenings and regular full checkups (whether it is required upon symptoms appearance or based on risk)
Family Medicine Model (FMM)	Knowledge about Family Medicine Model at PHCC, Role and scope of service of Family Doctors, difference between Family Physicians and General Practitioners
	Knowing the name of assigned Family Physician and visiting them regularly (continuity of care)
Electronic services	Perceptions towards quality of virtual and online services
PHCC branding challenges	Awareness about available health services
	Elements that affect patients' trust, loyalty, or satisfaction

Participant responses were organized according to theme. Identified themes were followed by participants' quotes which support our conclusions. In some sections, we included quantitative data where appropriate.

Description of participants







Results

Community's Health Concerns

- **The effects of Sedentary lifestyle, insufficient physical activity, and unhealthy nutritional habits on health outcomes**
  There were common concerns noted across the sessions. It was centered around dietary habits in the community especially among children and adolescents. Participants were concerned about high fast-food consumption, eating food with high fat and sugar content, and inadequate intake of fruits and vegetables. In addition, they worried that behaviors such spending long hours watching television or using electronic devices along with physical inactivity can lead to a higher risk of poor health outcomes in the community. Participants acknowledged the rapid increase in the levels of NCDs especially Diabetes, hypertension, and obesity. They highlighted the community's normalization of such diseases in everyday life. Moreover, they were concerned about the high tolerance of smoking and accepting it as a normal social practice. Participants believed that this phenomenon lessens people's motivations for prevention and self-care.

> "*We need to raise the families' awareness about the dangers of unhealthy nutrition as it can lead to childhood obesity, and diabetes. It makes children sluggish and affects their mood. Also, we don't know it might be linked to autoimmune diseases that we see rising in the community".*
>
> *"Fast food companies use of toys encourages children to request eating more fast food"*
>
> *"Every time I go to the hypermarket, I see people smoking outside of it. My wife is pregnant, and she has to pass through that. I tried talking to them several times, but they didn't respond. I think we need stricter polices that prevent smoking in public areas"*
>
> *"The majority of people now consider their Diabetes or Hypertension diagnosis as "normal" like "everyone has it".* It can be concerning that people won't feel the pressure to manage their blood sugar, seek medical care, or prevent complications"
>
> *"Diabetes, hypertension, and high cholesterol are major problems in Qatar as well as in the CGG countries. Despite the efforts, they are still affecting many people and we still can't control them. I think the reason is people's ignorance about the serious complications of these diseases. Along with the messages that encourages living with Diabetes, doctors need to educate the people about life threatening complications connected to poor control"*
>
> *"We need to raise the awareness about managing obesity through healthy diet and exercise. Many people especially women and young adults resort to bariatric surgery to lose the weight. Some people even increase their weight intentionally to reach the eligibility threshold"*

- **Mental Health illness**

  People had concerns regarding the negative attitudes held by the public towards those with mental health conditions. They indicated the need to spread knowledge and awareness about symptoms to identify those who might be at risk, especially women and younger individuals. Mental illness stigma in healthcare networks and amongst healthcare professionals was viewed as a serious threat to access and quality care.

  > *"After I gave birth, they screened me, and I was diagnosed with post-partum depression. I followed up in the hospital for around a year. That year literally changed my life, I felt as if I was wearing blurry glasses and they helped me remove it. Before being diagnosed, I related all my problems to "hormones" as people kept telling me"*

  > *"I went to the pharmacy to get my medication and the pharmacist asked me about a medication that was prescribed to me for depression. I told him that I no longer need it as the doctor stopped it. He then said: "I just wanted to make sure because you seem fine to me and this medicine is usually prescribed for people with problems", he said it while making a gesture with his hand pointing at his temple and making a circle which in our culture implies insanity. He said it in a joking matter, and we laughed about it. But it wasn't funny to me, and it caused me a lot of stress"*

  > *"From a cultural perspective, lots of people go through depression alone. There is no support from the family or the community. They keep saying you'll be fine, we had it worse back in the day, or go read "Quran". Of course, "the Quran" gives you relaxation and comfort, but sometimes you need the emotional support, and they don't provide it "*

  > *"I work as a social counsellor at a school. Most of the students are afraid to approach me because of fear of bullying. More support professionals for mental health and ADHD are needed in schools especially as staff don't have enough awareness about the diseases and the symptoms."*

- **Increase of autoimmune and allergic diseases**

  Based on participants' observations, there is a dramatic increase in allergic and autoimmune diseases such as asthma, eczema, food allergies, and allergic rhinitis. Participants also were concerned about chronic pain conditions and the knowledge of health providers about it.

  > *"I have constant pain, I can't sleep. Doctors don't take my concerns seriously. At one visit, the doctor said: "you are fine. Actually, you are one of the healthiest people I saw today". He just gave me pain pills. I think maybe I need to visit "Mutawaa" to help me"*

  > *"From my observation, "eczema" spread among most children. Both of my daughters were fine the first few months of their lives, and suddenly developed "Eczema". Many families are facing the same issue. It needs to be looked at"*

- **Community assets and built environment concerns**
  Focus groups' attendees valued the availability of community events and activities especially for women and seniors. Access to local parks, sidewalks and bike lanes was highlighted as an important community asset.

  > *"In our area we have one park only. For women, there isn't many places for recreational activities"*

  > *"We can use available resources such as youth center and schools to organize activities and health promotion programs, in collaboration with the local health center, for older members of the community as well as for women"*

Health Care Experiences and Barriers to Access

- **Access to appointments**
  Timely access to appointment still is one of the most highly valued attributes that affected people's choice of access. Particularly, participants desired increased access to dental health services. They cited examples of people going to private hospitals for dental care which is a very high-cost option.

  > *"In areas outside of Doha, there is only one to two doctors during the shift. Sometimes, we must wait for an hour, even with pre-booked appointments"*

  > *"The waiting time for getting an appointment is around two weeks, and it's longer for dental appointments. Expats older than 5 years old don't have access to dental services"*

  > *"Designating some health centers for Qataris only helped in solving our waiting time for family medicine appointments. When it comes to dental clinics though , waiting time to get an appointment is very long"*

- **Women's health**
  Female participants felt that doctors at primary care don't adequately handle women's health issues such as menstrual problems, Polycystic Ovary Syndrome, menopausal treatment options and gynecological issues such as endometriosis.

  > *"There are some conditions that doctors either lack the knowledge of or see it as unrelated to other health conditions. For instance, my sister went to the Family Doctor and explained to him that she was experiencing heavier periods, and his response was that it's normal because she is aging. After multiple visits to multiple doctors, it turned out she had polycystic ovary disease, it took two years for her to get diagnosed"*

  > *"I thought the lack of knowledge about women's health was mainly among male doctors, but I found it was also common among female physicians. They need to be more empathetic and improve their knowledge about women's problems, and take their complaints seriously"*

“Gynecology should be available at PHCC. There is a general misconception in the community that Gynecological conditions only affect married females. That’s not true, most diseases start during adolescence and teenage years. That makes me hesitant to seek medical care”

- **Experiences inside the health centers**
  Factors related to older health centers’ design such as: limited car parking spots and overcrowding in waiting areas. this causes long waiting time to see the doctor even for people with pre-booked appointments. In addition, front desk customer staff were perceived as being unhelpful and insensitive to patient’s needs

  “*The capacity of health centers with older design was based on old population numbers. My mom uses an oxygen tank all the time. Because the health center is very busy, we have to carry it for her during our visit and it’s not easy to find an empty wheelchair”*

  “People registered at “newer” health centers have better experiences, even the lighting and the layout makes your experience mentally better”

  “Customer service is very important , the staff at the reception are not friendly. They make me feel like I am “begging for the services”. They are not keen on helping the patients”

Family Medicine Model (FMM)

- **Challenges**
  In general, there was a limited understanding of the role and scope of service of the Family Physicians despite their adequate presence at all PHCC health centers. Only 10% of participants could explain the difference between Family Physician and General Physicians in terms of educational attainment and specialization.

  “Based on my experiences, I don’t feel there is a difference between the types of doctors because even Family Doctors don’t know me or my family”

  “my understanding is that General practitioners treat only acute conditions, but family doctors know all of your medical history”

  “I think family doctors treat genetic and family inherited conditions while General Practitioners treat other conditions”

- We explored the concept of **continuity of care** in terms of the physician patient relationship. Participant felt there was a lack of consistent relationship with doctors. Only 7% pf our

participants knew the name of their assigned Family Physician or visited them regularly. They felt frustrated to keep repeating their narratives to different doctors. However, they acknowledged the challenge of choosing between continuity of care with the same provider and having a speedy access to care. Their decision is often based on the urgency of the health reasons that motivated the appointment request.

- In general, participants preferred appointments to walk-in. However, they preferred appointment booking systems that reduces the proportion of prebooked appointments and offers same or next day access.

- **Perceptions**

  Participants noted that their experiences were rushed, and their concerns were not being taken seriously. Distrust of medical providers was frequently mentioned. Participants feared being misdiagnosed or receiving the wrong medications. There was additional concern that doctors might overlook possible drug interactions from other prescriptions since they don't have enough time to review past records and prescriptions. Moreover, participants felt doctors were not knowledgeable about nutrition or alternative care options. They wanted information on how to maintain health through nutrition rather than medical care only.

> *"The doctors have a specific "routine". They run the same investigations every time without looking at the specific problem and they even prescribe the same medications. Sometimes I wonder if I should just go to the pharmacist directly and get those medications instead of seeing the doctor"*

> *"There is a general lack of trust in family doctors because of miscommunication and misdiagnosis. Doctors need to explain the side effects of medications. And they need also to educate the patients about alternatives such as lifestyle changes"*

> *"Doctors don't have time to listen to the patient carefully. Sometimes the center is very busy, and the doctors don't have time to answer all of my questions. I am not a doctor, but I would like to be knowledgeable about my condition and lab results"*

Health Care Needs

- **Healthcare Co-ordination**

  Participants valued the ease of movement between primary and secondary care. The system is currently perceived as hard to navigate and it requires a significant amount of personal effort and persistence especially for children's referrals

> *" We need to merge the records between governmental and private hospitals, so doctors can see the whole patient file and medical history"*

> *"I was diagnosed with an ovarian cyst, but they told me I needed to wait for two months for an MRI. I tried to get it faster, so I went to Sidra, but the MRI was so expensive there.*

So, I decided to go back and do it at HMC and waited while my condition was getting worse. I had to wait another couple of months for the surgery"

" Moving between primary and secondary care is mentally exhausting because of the long referrals' time. My son was 14 years old when he broke his arm. The health center referred us to the nearest hospital. The hospital referred us to Sidra, but when we went there, they said because of his age they will refer him to the Bone and Joint Center"

"When I go to secondary care, I usually wait for at least an hour. People come and get checked before me because they are VIP or know someone inside the hospital. I feel every time I need an appointment, I also need "wasta"

- **Services for people with disabilities**
  Participants asked for more efforts to improve the access of people with special needs. For example, increasing the number of wheelchairs especially in busy health centers, increasing the number of staff that understand sign language, and improving the staff's training on sensitivity to the families' needs. Participants felt that families with severely disabled children have unmet needs such as getting detailed information about their children's condition, types of available resources, and the nature of support available to cope with the burden of care.

  "We need more attention for children with special needs. They need to train the providers and staff to be more sensitive to the patients and their family's needs. For example, why can't they produce special cards for them, so they can be fast tracked immediately without having to wait in the reception areas"

  "I usually accompany my teenage special needs son to his doctor's appointments. I can't wait with him in the men's waiting area. family waiting areas tend to be smaller. We need special waiting areas in the health centers to accommodate the needs of those families"

  Whenever they contact me regarding my son's appointments or health, they request to speak with him. I keep telling them, that he is a person with special needs that can't talk and the parent will be the communicating person. It bothers me every time. They should take the time to look in the system before contacting the family to know what type of patients they are dealing with"

- Participants expressed the need for expansion of **clinical imaging services**. This will improve patients access, shorten their waiting times, and reduce referrals to secondary and tertiary care.

- Others spoke of the need to more **physiotherapists, chiropractors, and dietitians**. The aging population and the increase in the number of people with NCDs can contribute to an increase in disability which requires an evaluation of the workforce demanded.

Attitudes Towards Preventive Services

Around 35% of participants had routine health checkup. It is mostly done by people in the age group (40-60). Participants felt that healthy people don't need routine screenings and many of them had limited awareness about the availability of preventive health services. Factors like the convenience of screening site location and time spent, and perceived negative attitudes of healthcare workers (not explaining results thoroughly) affected people's screening choices.

> *"Health centers with older designs are crowded. People registered in new health centers have better experiences when visiting the health center and that motivates them to go for checkups. Also, doctors in general don't explain the results of the lab tests. Why would I go through that hassle if I am not really sick!"*
>
> *"I received a call from Lebaib health center, and they invited me to "well women check" and I went and did it"*
>
> *"I know regular checkups are important. Sometimes it's the lack of time, and sometimes I am afraid of receiving bad news or discovering I have a serious disease"*
>
> *"Whenever I tell my family I want to do a health checkup, their response is "you are healthy, why would you invite negativity and doubts into your life!"*
>
> *"I work in the medical field, and I noticed that Cancer is increasing. Although hospitals usually call people based on risk and offer early screening for breast and colon cancer, patient don't come from the beginning of the symptoms. Rather they wait until they are in third or fourth stage. They prefer being in denial about it. So, raising the awareness is so important"*

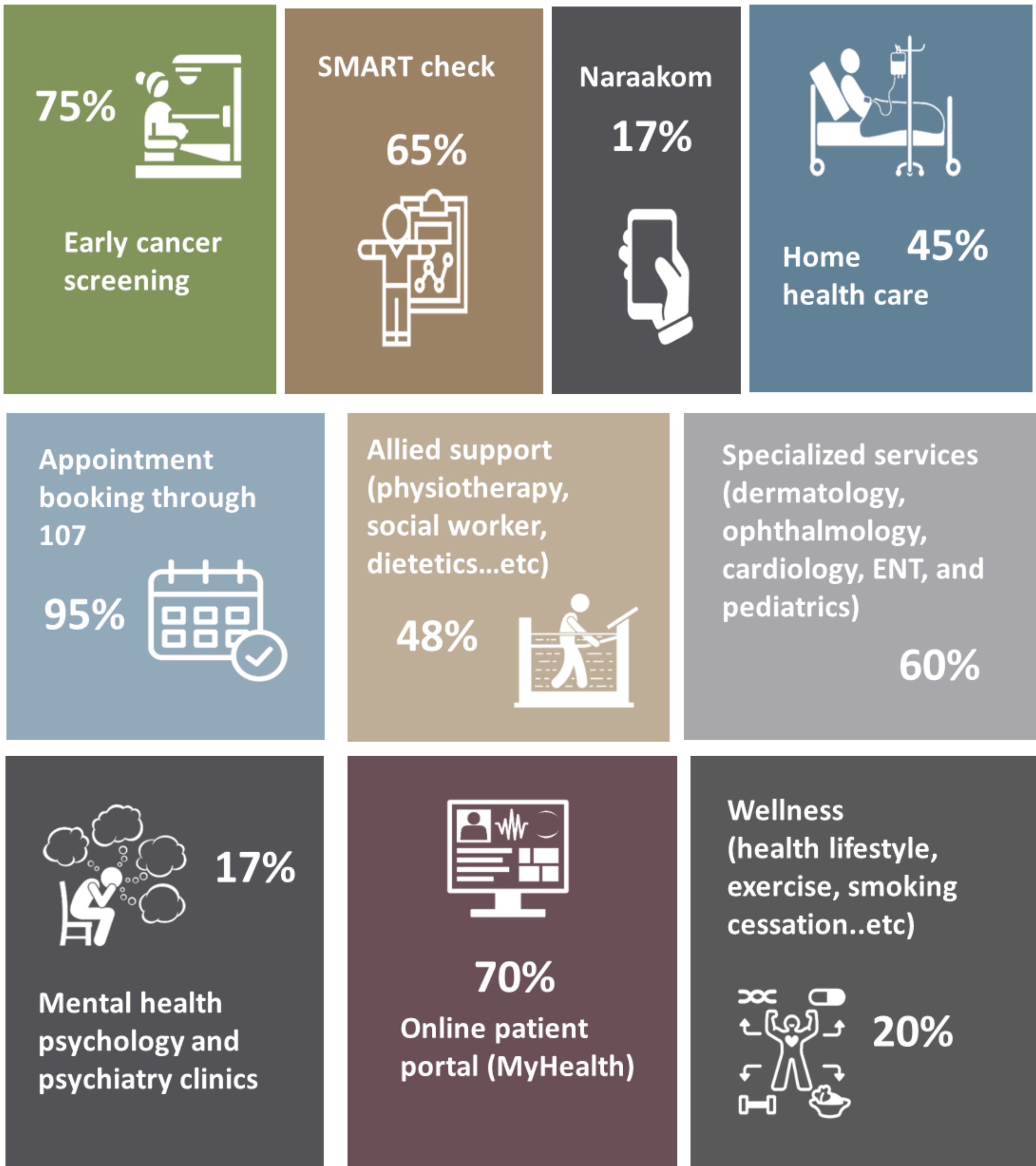
Attitudes Towards Teleconsultations

- Participants in general were satisfied with teleconsultations. They thought it was faster, prevented unnecessary clinical visits, and reduced waiting time and time out of work. Yet, they viewed it as being more suitable for managing existing chronic conditions, prescribing medications or monitoring its side effects. They also noted that most teleconsultations are phone appointments. They thought video appointments will be of more value, and a better replacement to the traditional face to face appointment.

> *" I prefer phone consultations for asking questions or maybe medications refill. The inability to do physical examination concerns me"*
>
> *"I hope video consultations will be available for mental health appointments. It's a safe and convenient option, especially for people fearing the stigma"*

Awareness About Health Services

The image below demonstrates the percentages of participants aware of the health services available at PHCC



Discussion

The focus groups part of the Health Needs Assessment (HNA) aims at identifying and prioritizing significant health needs and factors affecting the well-being of the population served by the Primary Health Care Corporation (PHCC). Results of this study will allow decision makers to improve management of priority health challenges.

Although this report focused on reporting the gaps in health care provision, participants of the focus groups shared numerous positive stories related to their experiences with health providers. Overall, they believed that the State of Qatar has a high-quality services and resources, but there is more that can be done to make patient's experiences better and easier and address their pressing health needs and concerns.

One of the major challenges that continue to exist from the previous HNA cycle (2019-2020), is the low satisfaction and negative perceptions toward family physicians. In our observation, the main driver of that is the lack of understanding of the role and scope of service of the Family Doctors. The confusion between Family Physicians (FP) and General Practitioners (GP), licensed physicians who completed one year of post-graduate training, can lead to underestimation of the specialty and distrust of the FP especially with diagnosis [4]. This phenomenon can impact continuity of care and lead to increasing the number of inappropriate visits to secondary and tertiary health care hospitals [4].

The current PHCC polices support speed of access by offering same day walk-in access. According to the PHCC statistical report for 2022, 68% of all visits were through walk-in appointments [5]. Although patients valued convenience of access, our results show that continuity of care with the same physician is highly regarded. It's becoming crucial to explore access polices that improve access to care without severely undermining continuity of primary care. Prioritizing same day access alone can risk quality of care especially that there is mounting evidence that patients across countries tend to benefit from continuity of care and have better clinical outcomes with both general practitioners and specialist doctors [6].

Our findings demonstrate an overall lack of awareness about the wide range of services provided at PHCC health centers. Moreover, there is limited knowledge about the general benefits of preventive care which leads to underutilization of screening services and accessing it only after symptoms appearance. Cultural believes and fear of bad news emerged as barriers to utilization of screening services. Based on our observations, gaps in continuity of care can hinder the ability of Family Physicians to educate their patients, offer personalized preventive care advice, and counsel them about their screening options [7]. It is increasingly important for PHCC to work on its branding to boost public awareness and build trust and credibility.

In this cycle, we were able to recruit more younger adults (18-29). They represented 24% of our participants compared to 14% in the previous cycle. In addition, more women participated in the sessions. They represented 56% of the total attendees compared to 46% previously. Interestingly, 80% of the young attendees were also females. Conversations with young women revealed existing challenges in the health care delivery such as: the limited knowledge and skills of primary care providers to adequately handle women's health issues in general and gynecological diseases specifically. Our findings offer an opportunity to expand the discussion about the role of primary care providers in women's health care [8].

Our study identified healthy nutrition, active living, unhealthy behaviors, and mental health as major community concerns. All of them were identified as priority health issue in the previous HNA conducted in (2019-2020) [9].The participants' observations are consistent with existing evidence that 16.2% of people accessing the PHCC health centers "had at least one of the following NCDs: type 2 diabetes, cardiovascular diseases, chronic obstructive pulmonary diseases, or cancer" [10].

In the previous cycle (2019-2020) of the HNA, participants didn't identify tobacco smoking as a community concern although the prevalence of cigarette smoking in Qatar is around 36.5% [11] and, according to MOPH, smoking is "a major problem facing the health care system in Qatar" [12]. This indicated that participants tended to normalize smoking and not perceive it as a community threat. During the current cycle, participants were more aware of these issues, and they highlighted the challenge posed by normalization of tobacco smoking and NCDs diagnosis and how it can negatively affect patients' health outcomes.

Finally, our results support coordination of care around patients' health needs. Patients currently perceive the healthcare systems as being confusing and overwhelming [13]. They require the help of trained aids to help them move between services and providers and facilitate the delivery of comprehensive care and seamless transition.

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