

Barriers to Utilization of Family Medicine Services in Jordan: A Cross-Sectional Study of Patient Perceptions and Systemic Challenges

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ABSTRACT

Despite efforts by the Jordanian Ministry of Health to strengthen primary healthcare, the utilization of family medicine services remains suboptimal. This study investigates the barriers hindering the effective use of family medicine clinics in Jordan, focusing on both patient perceptions and systemic challenges. A cross-sectional survey was conducted among 500 adult patients attending public and private healthcare centers across urban (Amman, Irbid) and rural (Karak, Tafileh) areas. Data were collected through structured questionnaires assessing sociodemographics, awareness, satisfaction, and reasons for bypassing family medicine. Results revealed that only 38.4% of participants consistently used family medicine services. Major barriers included perceived lack of specialization (45.6%), long waiting times (42.1%), and limited diagnostic facilities (39.3%). Utilization was significantly associated with education level, urban residence, and prior positive experiences. The findings highlight a need for public education, resource allocation, and structural reforms to enhance the role of family physicians in Jordan's healthcare system.

KEYWORDS: Barriers - Family Medicine Services - Jordan - Cross-Sectional Study - Systemic Challenges

1. Introduction

Family medicine is the backbone of effective primary healthcare, offering comprehensive, continuous, and coordinated care. In Jordan, the Ministry of Health has invested in family medicine training programs, clinic expansion, and service integration. However, the public perception of family medicine remains limited, and its full potential as a first point of contact is underutilized.

Jordan's healthcare system operates through a mix of public providers (Ministry of Health, Royal Medical Services, and UNRWA) and private facilities. Although family physicians are trained to manage up to 85% of primary care cases, many patients bypass them in favor of specialists or hospital-based services, contributing to system inefficiencies, overburdened tertiary care, and increased healthcare costs.

The underuse of family medicine clinics poses a barrier to achieving the goals of Jordan's national health strategy, including universal health coverage, cost containment, and improved population health outcomes. Little empirical research exists on why patients choose not to engage with family medicine services.

This study aims to: assess the rate of family medicine service utilization in Jordan; identify patient-perceived and systemic barriers to utilization; determine demographic and contextual factors influencing utilization patterns; and provide recommendations for policy and service improvement.

2. Literature Review

Globally, robust family medicine systems are associated with improved health equity, better chronic disease management, and cost-effective healthcare delivery (Starfield et al., 2005; Shi et al., 2002). In high-income countries, structured referral mechanisms and population trust in general practitioners foster high utilization

rates. For instance, Kringos et al. (2010) found that countries with strong primary care systems report fewer hospitalizations for ambulatory care-sensitive conditions.

In contrast, in the Middle East and North Africa (MENA) region, underutilization persists due to cultural preferences, fragmented service delivery, and perceived inefficacy of generalist care. Aljuaid et al. (2017) reported that 59% of Saudi patients bypassed family medicine due to mistrust in physician competence. Similarly, Dosh et al. (2016) noted limited public awareness in Lebanon.

In Jordan, although investment in family medicine has increased through postgraduate education and primary care reform, usage remains below optimal levels. Jordan Health Observatory (2022) statistics show only 36–40% of primary visits are handled by family physicians. The public's preference for specialist care, combined with systemic inefficiencies like long wait times and resource constraints, exacerbates underuse. This study contributes by examining both structural and psychosocial barriers influencing patient behavior across diverse settings in Jordan.

3. Methodology and Procedure

This descriptive cross-sectional study was conducted from January to March 2025 across four governorates—Amman, Irbid, Karak, and Tafileh—representing urban and rural populations. A stratified random sample of 500 adults was selected from public (MoH), UNRWA, and private family medicine clinics. Inclusion criteria included adults aged 18 or older attending a clinic during the data collection period.

A structured questionnaire in Arabic, validated through pilot testing (Cronbach's alpha = 0.81), was used to collect data on demographics, family medicine awareness, usage frequency, satisfaction, and perceived barriers. Data were analyzed using SPSS v25 with descriptive statistics, chi-square tests, and logistic regression to assess associations between sociodemographic variables and utilization. IRB approval was granted by Jordan University of Science and Technology (IRB Ref: FMJ/IRB/2025/017).

4. Results and Analysis

The sample included 229 males (45.8%) and 271 females (54.2%) with a mean age of 36.7 years (SD ± 11.2). Urban residents constituted 58%, and 67.8% had secondary education or above.

Table 1. Participant Demographics (N = 500)

Variable	Category	Frequency	Percentage (%)
Gender	Male	229	45.8
Gender	Female	271	54.2
Residence	Urban	290	58.0
Residence	Rural	210	42.0
Education	Secondary or above	339	67.8
Education	Below secondary	161	32.2

Only 192 participants (38.4%) reported consistent use of family medicine services. Another 234 (46.7%) used them occasionally, and 74 (14.9%) bypassed them altogether. Utilization was significantly higher among urban, educated, and chronically ill patients.

Table 2. Reported Barriers to Family Medicine Utilization

Barrier	Frequency	Percentage (%)
Lack of confidence in physician expertise	228	45.6
Long waiting times at clinics	211	42.1

Limited availability of diagnostic tests	197	39.3
Preference for hospitals/emergency care	179	35.7
Lack of awareness about family medicine	161	32.2
Negative past experiences	148	29.6
Cultural beliefs about healthcare hierarchy	114	22.8

The top three barriers were: perceived lack of physician expertise (45.6%), long waiting times (42.1%), and insufficient diagnostic facilities (39.3%). These findings suggest systemic inefficiencies and public mistrust in generalist care. Notably, logistic regression showed that awareness of the family medicine role (OR = 3.5, 95% CI: 2.1–5.7) and prior positive experience (OR = 2.7, CI: 1.8–4.0) significantly predicted utilization.

Figure 1: Reported Barriers to Family Medicine Utilization

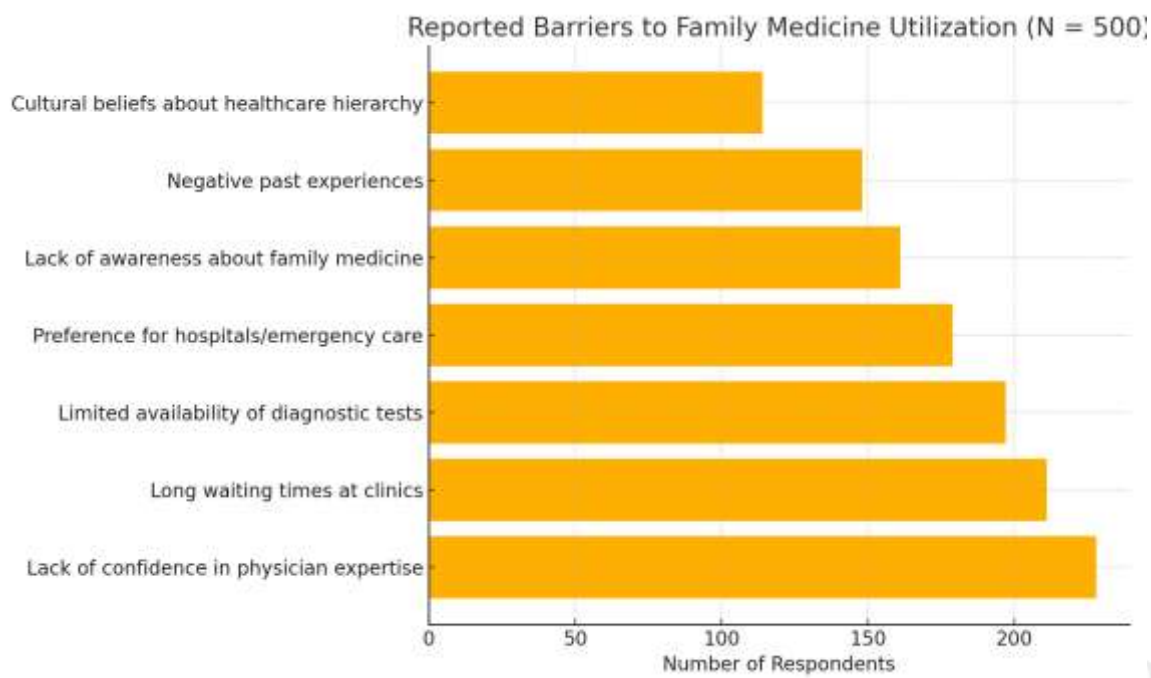
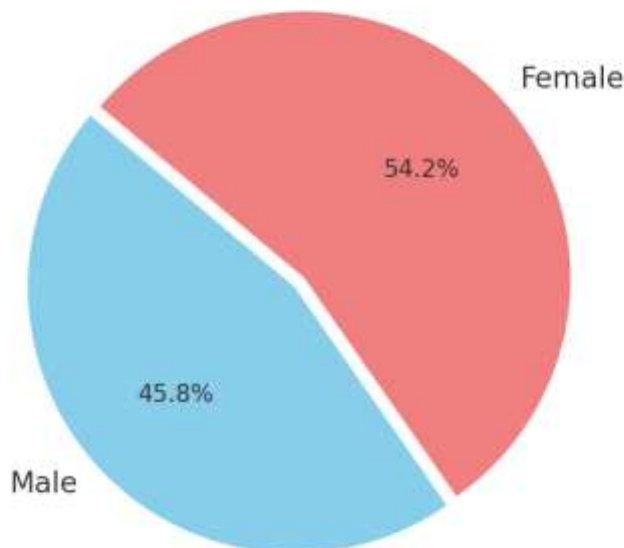


Figure 2: Gender Distribution of Participants

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Gender Distribution of Participants



This study reveals a relatively low rate of family medicine utilization in Jordan (38.4%), consistent with national estimates. Patient perceptions and systemic issues are equally implicated. The misconception that family physicians lack expertise continues to dominate patient thinking, reflecting a knowledge gap in the public.

Structural issues such as waiting times and diagnostic limitations further compound these beliefs. These findings mirror regional trends reported by Aljuaid et al. (2017) in Saudi Arabia and Dosh et al. (2016) in Lebanon, where family medicine remains undervalued.

Importantly, awareness and continuity with a single provider emerged as strong predictors of utilization. This reinforces the concept that relational continuity—a hallmark of family medicine—can build trust and improve care-seeking behavior. The variation between urban and rural usage also underscores disparities in resource distribution and physician availability.

Conclusion

Family medicine in Jordan holds great promise for improving health outcomes and alleviating pressure on secondary care. However, its potential is hindered by public misconceptions, infrastructure gaps, and limited promotion. This study highlights the need for: public education campaigns on the scope and value of family medicine; investment in equipment and staffing at family clinics; enhanced training in patient communication for family physicians; and policies that encourage long-term patient-provider relationships. By addressing these barriers, Jordan can better leverage its family medicine infrastructure to achieve equitable, efficient, and patient-centered care.

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