Harare doctors support the need for training in basic business and economics principles in medical school: a pilot study.

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Introduction

The world is becoming more and more capitalist. This change is affecting all health disciplines including general practice. Lomas reported that economic factors also contribute to a change in doctors' behaviour.[1] This recognition has resulted in the growth of health economics as a discipline of study. Worldwide, the achievement of an effective evidence based health care system has resulted in the incorporation of health and medical economics in medical education.[2] Medical doctors' roles have diversified over the years, and they are
increasingly becoming a hybrid of a health care professional and a businessman. More and more medical doctors are starting their own private practices. Medical doctors are borrowing from other fields such as economics and business administration in order to cope and survive in the competitive business environment. It is increasingly becoming critical and indispensable, for medical doctors to understand their expenditure patterns, how to run efficiently and generate revenue greater than expenses (profit), how to price their products and services and how to define their niche in the community.

Since 2000, Zimbabwe has been experiencing unprecedented political and economic problems characterized by high inflation, unemployment, increasing poverty and shortage of foreign currency. The economic challenges have had a huge impact on the cost of health and pharmaceuticals resulting in the majority of people in the country failing to afford essential medicines.[3,4] This notwithstanding, graduates from the only medical school in Zimbabwe, the University of Zimbabwe Medical School, are not trained in business or economics and seem unprepared to deal with these challenges.

This pilot study was conducted to investigate the general perceptions of medical doctors in Harare on the need for training in basic business and economics principles in medical school in Zimbabwe.

Materials and Methods

A questionnaire was distributed to 100 doctors in private practice in Harare in March 2004 as part of a broader study that was designed to investigated the Zimbabwean doctors' knowledge of the prices of the drugs they commonly prescribe. The questionnaire was divided into three sections. The first section included four questions covering demographic information including sex, year qualified, specialty and practice area. The second section focused on doctors' opinions and knowledge of prices of medicines. The third section on which this article is based, focused on the doctors'

Cent Afr J Med 2006;52(7/8)87-9

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perceptions on the need for training in economics and business principles. Respondents were asked to indicate their agreement with statements on a scale of 1 to 5, where 1 = agree strongly and 5 = strongly disagree. Respondents were given an opportunity to comment and make suggestions.

Respondents were visited at their practice (i.e., their surgeries) and asked to fill in the questionnaire. The doctors who needed more time or who indicated that they were busy at the time of the researcher's presentation were left with the questionnaire which were collected after two to seven days. In surgeries where there was no doctor at the time of the researcher's presentation the questionnaires were left with receptionists who were requested to pass on the document to the doctor(s). A brief explanation was given to respondents on the purpose of the study. Doctors who did not fill in/complete the questionnaire after seven days were deemed not willing.

The data were analyzed with a spreadsheet (excel version 7.0, Microsoft, Redmond WA). Descriptive statistics were calculated and reported for the survey items.

Results

Of the 100 questionnaires distributed, 57 were returned duly completed and filled in, for a 57% response rate. The characteristics of the study participants are provided in Table I.

Table I: Characteristics of study participants (n=57).

Variable	Number (%)
Type of doctor	
General practitioner	45 (79)
Family practitioner	5 (9)
Other specialists	7 (12)
Area of Practice	
Private surgery	36 (63)
Government hospitals	21 (37)
Dispensing or no dispensing	
Dispensing doctors	8 (14)
Non-dispensing doctors	49 (86)
Years of experience	
< 3 years	11 (19)
4 - 13 years	28 (49)
>14 years	18 (32)

Ninety eight percent (98%) of the respondents indicated that they did not have any formal training in business and/ or economics. When asked whether they thought that doctors should be trained on basic economics principles as part of their undergraduate training 82% said 'yes' and 18% said 'no'. The responses varied significantly with the years of experience of the respondents ($p<0.05$) (Table II). The younger practitioners were more supportive of the need to introduce basic economics principles as part of the doctors' undergraduate training than the more experienced ones.

Table II: Doctors' perceptions on the for training in basic economics principles in medical school by experience and specialty (n=57).

Years of experience	No. (%) who said yes
< 3 years	11 (100)
3 - 14 years	24 (86)
> 14 years	12 (67)

Asked whether they thought that doctors need training in business and economics principles for effective prescribing, 48 (84%) agreed (Table III).

Table III: Training in economics is needed for effective prescribing.

Item	Agree strongly	Agree	Neutral	Disagree	Strongly disagree
Doctors' perceptions on the need for training in basic economics for effective prescribing	18		7	2	1

Discussion

While Zimbabwean doctors receive world class training the study shows that they lack formal training on business and economics principles. This is attributable to the lack of such training in medical school, in residency training in Zimbabwe. This lack of basic economics knowledge by doctors may be contributing to the inefficient use of societal resources and the rising health care costs and spending. Doctors who lack this knowledge may be maintaining an expensive pursuit of clinical excellence that their patients may not be able to afford. Many patients pay for the full cost of medical services in Zimbabwe. Medical or health economics training may help doctors to identify the most efficient use of resources and to achieve cost-effective prescribing.

The medical practitioners in Harare are not averse to the need for training in basic economics in medical school curricula. This is contrary to findings by Sibley and others, who found out that doctors often choose educational events that fit in what they already know.[5] Doctors in Harare seem to be willing to go beyond

their comfort zone. We recommend the introduction of health economics training in the medical school in Zimbabwe. Health economics should also be offered through continuing medical education or short course for physicians who are already in practice. Such training is one step towards achieving cost-effective prescribing which is necessary given the prevailing economic situation in Zimbabwe.

The general application of the study results is limited by the small sample size and the use of limited items to measure the doctors' opinions. A more detailed and comprehensive study is recommended to confirm the conclusion of this pilot study. In addition, a needs assessment is also recommended for informing and directing future medical education reform in Zimbabwe.

Conclusion

The study highlights that Harare medical doctors in general practice support the need for training in business and economics principles in medical school. The necessity of such training cannot be over emphasized. Moreover, the introduction of health economics is in line with international trends in medical education.

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