

Abstract

Background

Medical Officers need to update their knowledge with diagnosis of diseases current treatment modalities, guidelines on management etc. in order to provide a better service to the intended communities. Due to geographical and infrastructure, based barriers, the rural medical officers are at a disadvantage when compared to the urban medical officers in Sri Lanka and they do not have access to information and have unmet needs on clinical problems and day to day medical practice. The present study attempts to identify the information needs, perceived barriers and challenges of medical officers attached to “D H Type -C” (rural) hospitals in Sri Lanka.

Methods

This study was carried out as a descriptive study. Self Administered questionnaire and In depth Interview used as data collection tools. The study population consists of Medical Officers in Divisional Type-C Hospitals in Sri Lanka. Therefore, the study population consists of MOs attached to the 289 Divisional Type-C hospitals located in rural areas. There are 572 Medical Officers serving the rural community. Cluster sampling method has been used for this study. Sample size was calculated using the Lwanga and Lemeshow, 1991 formula. Accordingly, there were 405 medical officers attached to the 192 DH Type-C. Associated factors were tested using SPSS and SMART PLS.

Results

Out of 98 RQ items, only 45 items were loaded more than 0.5 from the MIN-related questions; in total, five important factors were extracted. These five Important factors were as follows: (1) items related to MIN information 0.759 AVE; (2) medical information sources 0.752 AVE; (3) obstacles to accessibility to medical information 0.608 AVE; (4) medical information channels 0.944 AVE and (5) determinants of medical information channels 0.966 AVE.

Conclusions

Study shows that information about diagnosis, drug, treatment and patient data were indicated as highly important by rural doctors. Data suggested that a higher proportion of aged MOs needed such information than did young MOs. Also, it can be seen that the main driving purposes of MOs' information needs were to be up to date; answering patients' and their families' questions, and to answer colleagues' questions and confirm opinion. As it is internet, medical blogs, medical devices and personal contacts with colleagues were most highly used as a source of information. Further, most MOs suggested that if the medical authority could develop a proper medical system to help MOs obtain health education, that will be a fruitful activity for the country.

Keywords: Medical Information Needs, Medical Information Sources, Medical Information Channels, Medical Information Barriers, Rural Hospitals, Sri Lanka, DH Type C.