

(REVIEW ARTICLE)



## Patients' perceptions and experiences of family medicine practice as a driver for public healthcare service delivery and provision"

Charles Kenechukwu Ojukwu <sup>1,\*</sup>, Thompson O. Osagie <sup>1</sup> and Michael Nnaemeka Ajemba <sup>2</sup>

<sup>1</sup> *Consultant Family Physician, Department of Family Medicine, Ontario Health, Ontario, Canada.*

<sup>2</sup> *Associate Professor (Adj), Department of Community Medicine, University of Lancashire, United Kingdom.*

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### Abstract

**Background:** [1] Patients' expectations and their perceptions of the integration and delivery of healthcare known as service quality differ (Bright et al., 2021). [2,3,4] Efforts have concentrated on finding influences on users' views impacted by demographic traits, health problems, and cultural variables because it is difficult to measure expectations directly (Key et al., 2021; Elliott et al., 2020; Waweru et al., 2019). It is essential to comprehend the viewpoints and experiences of patients to evaluate the effectiveness of family medicine, pinpoint areas in need of development, and direct policy and training. This scoping review looks at research on Nigerian patients' perceptions of family medicine and its function in providing public healthcare to develop ways to increase its value to the healthcare system.

**Methodology:** After applying the inclusion and exclusion criteria, 680 articles were retrieved, of which 15 were included in the final scoping review. Any study examining patients' opinions and experiences of family medicine practice as a determinant of public healthcare service provision and delivery in Nigeria would satisfy the inclusion requirements. To broaden the scope of the review, patients in Nigeria, whether male or female, will be the population considered in the studies that will be included. To expand the scope of the evaluation, papers that are included will consider the population of Nigerian patients, regardless of gender. Articles published in the 20 years between 2004 and 2024 will be included; those published before will be disregarded. Through database searches, the articles were located from PUBMED, MEDLINE, CINAHL, Science Direct, Scopus, Google Scholar, and ProQuest.

**Results:** The primary findings of the studied literature are presented under the main themes of perception and experience, along with the codes and sub-themes that go along with them. These include continuity of care, comprehensive care, first point of contact, trust in competence, physical access, affordability, accessibility of services, waiting time and flow, and quality of communication.

**Conclusion:** Patients' interactions with public health systems are significantly influenced by their impressions and experiences of FM practice. The relational, cost-effective, easily accessible, and comprehensive aspects of FM services are key to improving patients' health outcomes, and these results support the notion that family medicine is crucial to advancing equitable, patient-centered public health care in Nigeria.

**Keywords:** Family medicine; Patient perceptions; Patient experiences; Primary healthcare; Healthcare service quality; Nigeria

\* Corresponding author: Charles Kenechukwu Ojukwu

## 1. Introduction

The bedrock of a nation's healthcare system lies with the primary healthcare and in conjunction with the public health system. The measure of a nation's social progress is dependent on the standard of healthcare that caters for the citizens' health, this also determines the nation's overall health. With the age long mantra of health is wealth, a healthy nation is a wealthy nation. [5] For a nation to take pride in their health system, the Primary health care services ought to meet the following critical requirements: they should be easily available to individuals who need them; they should be efficient in terms of cost-effectiveness, strong and reliable procedural, and organizational framework; acceptable to the targeted community; For a fair price (Hassen et al., 2020). Healthcare services need to be provided at a cost that the public can afford, in a style and language that is appropriate for the community and people they serve, and that takes into account regional traditions and customs. Higher patient compliance, continuity of treatment, improved clinical results, higher service utilization, and risk management have all been associated with higher patient satisfaction. [6] Therefore, patient satisfaction is a crucial determinant of the standard of healthcare delivery and a crucial factor in the assessment and enhancement of healthcare services (Gotlib Conn et al., 2021). [7] For us to predict patient satisfaction levels, there should be research works that tried to determine patient variables including age, gender, and race (Huang et al., 2020). [8] A different set of research should examine several aspects of health care, including physician and nurse care, to determine which factors affect total patient satisfaction (Desveaux et al., 2019).

[9] Regardless of age, sex, disease, or stage of illness, family medicine was founded as a medical specialty with the specific responsibility of assessing each person's and family's overall health needs within their environment. (Monjok, Smesny, Essien, 2010). [9] The specialty of family medicine (FM) emerged from the need for contextual, comprehensive patient care. (Osiyemi et al., 2020), (Monjok Smesny, Essien, 2010).

[10,11] Family medicine is a primary care specialty that offers ongoing, all-encompassing medical care for individuals and families of all ages, genders, illnesses, and body parts (Finley et al., 2018), (American Board of Family Medicine, 2009). The term "family physician" refers to the specialist, who is typically a primary care physician.

[12] The importance of primary healthcare as the cornerstone of a robust health system has received renewed attention in Nigeria because of efforts to enhance the quality, accessibility, and equity of healthcare service delivery (Osiyemi et al., 2020). [12] To fulfil the nation's varied and complicated health demands, family medicine, a fundamental part of primary care, has been recognized as a crucial field (Osiyemi et al., 2020). Family medicine's focus on comprehensive, person-centered, and ongoing care puts it in a strong position to advance the delivery of public healthcare services, particularly in underserved and resource-constrained environments.

[13] Family doctors in Nigeria have been more extensively trained and employed at all levels of the healthcare system, including primary health centers and public hospitals, in tandem with the growth of family medical practice (Oseni, Salam, Fatusin, 2021). [13] Without looking at the experiences and opinions of the patients who use these services, it is impossible to properly comprehend how much family medicine strengthens public healthcare (Oseni, Salam, Fatusin, 2021). In Nigeria's distinct healthcare environment, patient perceptions provide important information about the efficacy, acceptability, and responsiveness of family medicine. These encounters impact health outcomes by influencing health-seeking behavior, forming systemic trust, and more.

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## 2. Methodology

[14] A scoping review, which integrates literature from several sources, is the methodology chosen for this dissertation. This method makes it easier to synthesize research data on exclusive breastfeeding, which is especially helpful when examining Nigerian women (Awolayo, 2019). A useful technique for determining the breadth and depth of the body of research on a particular subject is the use of scoping reviews. [15] According to Munn et al. (2018), they offer a thorough overview of the existing research, stressing the volume of studies carried out as well as the major themes that surface in the corpus of work.

Exploratory projects are carried out to methodically review the body of literature on a certain issue when there are doubts regarding its viability. [14] These initiatives pinpoint key ideas, hypotheses, evidence sources, and research gaps; they frequently act as preludes to a comprehensive synthesis, especially when the topic's feasibility is questionable (Awolayo, 2019). However, scoping reviews are independent investigations that can be carried out on their own, particularly when working with complex topics or areas that haven't been thoroughly examined before. [16] Their main objective is to quickly summarize the basic concepts supporting a field of study, as well as the primary sources and types of evidence that are available (Tricco et al., 2016).

[17] Scoping reviews examine wider subjects covering a variety of study approaches, in contrast to systematic reviews, which concentrate on specific concerns using specific study designs (Arksey & O'Malley, 2005). In contrast to systematic reviews, which only assess research quality, scoping reviews also assess the available evidence in addition to organizing data from intricate and varied studies. [16] Regardless of the calibre of the examined publications, it offers a thorough summary of the available data and offers insights into a variety of research problems (Tricco et al., 2016).

## 2.1. Conceptual Framework

Contextual framework that served as the basis for this scoping analysis of patients' perceptions and experiences of family medicine practice as a driver for public healthcare service delivery and provision.

- Patients' Perceptions of Family Medicine: knowing how patients feel about family medicine, including their perceptions of satisfaction, accessibility, and trust.
- Patients' Experiences in Family Medicine Practices: examining personal interactions, communication, care quality, and results.
- Influence on Public Healthcare Delivery: looking at how family medicine patients' experiences affect the overall efficacy of healthcare services.
- Challenges and Barriers: Recognizing barriers including patient-provider relationships, accessibility concerns, and healthcare policies.
- Opportunities for Healthcare Improvement: Finding patient-centered techniques that can maximize the delivery of public health services

### Key Constructs

- Structural Factors: Health system structure, personnel capability, and family medicine service availability.
- Psychosocial Factors: Patient expectations, experiences, perceptions, cultural influences, and doctor-patient interactions.
- Healthcare Access & Utilization: Affordability, accessibility, and equity in healthcare services.
- Policy and System Influence: Government policies, funding, and integration of family medicine into public health frameworks.

## 2.2. Relationships Between Constructs

- Patients' perceptions and experiences → Healthcare utilization patterns
- (Positive experiences may lead to increased engagement with family medicine services.)
- Family medicine service quality → Public healthcare system effectiveness
- (Effective family medicine practices can enhance overall healthcare delivery outcomes.)
- Healthcare policies → Patient experiences
- (Policies governing family medicine influence patient satisfaction and trust)

## 2.3. Methodological Approach

[18] According to Peters et al. (2017), the first step in a scoping review should be to establish an apriori procedure in accordance with the JBI Reviewer Manual for scoping reviews, the researcher must first identify the population, concept, and context that influence the formulation of the research question and objectives before creating an apriori protocol (Peters et al., 2017).

The Population, Exposure, Outcome, and Study Design (PEOS) Framework was employed to organize and resolve the scoping review to design the search strategy. To identify relevant concepts for the scoping review, create acceptable search terms to define the issue, and establish inclusion and exclusion criteria, PEOS will be used.

Research Question Framework			
P (Population)	E (Exposure)	O (Outcome)	S (Study Design)
Patients	Patients' interactions with family medicine practitioners and the healthcare services provided within family medicine practices	Improved knowledge of patients' perception and experience of family medicine	Scoping review (Articles related to the topic)

**Figure 1** The Population, Exposure, Outcome, and Study Design (PEOS) Framework

Based on the framework above, the Scoping review question proposed are:

- What aspects of culture and personality shape patients' views in the context of family medicine practice or primary health care?
- How do patients' opinions and perceptions of family medical practices affect the way they make decisions about their care, how they react to recommendations by their doctors, and how closely they follow treatment plans and health promotional strategies offered at the primary health care level to further enhance public health care system service delivery?
- What are the discrepancies between patients' expectations and experiences? How may family medicine service delivery be enhanced to properly synergize with public health care practice for the overall health improvement of a nation?

#### 2.4. Identifying relevant studies

[17] A comprehensive literature search was conducted using primary and secondary sources, including both published and unpublished materials, in accordance with the recommendations of Arksey and O'Malley (2005). The initial search and development of the apriori methodology utilized various electronic databases, including CINAHL, Medline, PubMed, Scopus, Embase, Web of Science, PsycINFO, and Google Scholar. The retrieved articles primarily focused on Nigerian women who practiced exclusive breastfeeding. To refine keyword selection, the studies identified in the preliminary search were reviewed. A time frame was established for the inclusion of articles, and terms synonymous with "patients' perception", "experience", "public healthcare", "family medicine", "service delivery and provision," were defined and incorporated to ensure the comprehensiveness of the search strategy.

A final search strategy was created with the updated keywords and subject terms added.

#### 2.5. Inclusion and Exclusion Criteria

Included in this review are studies that explore the perceptions and experiences of Nigerian patients, both male and female, about family medicine practice, specifically its function as a catalyst for the provision of public healthcare services. There would be consideration for any study that involves patients in Nigeria to maintain a broad scope. Only papers released within 20 years (2004–2024) will be included; those released before 2004 will not be. Research published in other languages will not be examined; only English-language research will be included due to the lack of translation resources. [17] The inclusion and exclusion criteria are outlined below using Arksey & O'Malley's (2005) paradigm.

**Table 1** Summary of inclusion and exclusion criteria for the scoping review

	Inclusion Criteria	Exclusion Criteria
Population	Nigerian patients (Male and Female)	Non Nigerians
Acceptable Sources	Peer reviewed literature: Qualitative interviews, focus groups, quantitative, survey results	Grey literature or any other sources
Date range	2004 - 2024 (20years)	Before 2004

Geography	Nigeria	Outside of Nigeria
Language	English	Language other than English
Quality	Fair or Good	Poor (according to design specific USPSTF criteria)

[19] After the literature search is finished and all citations have been gathered, the results will be screened. The goal of screening is to eliminate studies that don't meet the requirements for inclusion (Kokorelias et al., 2019). Based on the key ideas of the scoping review topic, including "patients' perception," "experience," "public healthcare," "family medicine," and "service delivery and provision," a search strategy was created. The table below highlights these.

**Table 2** Key concept and keywords used for the searches

S/n	Key concept/topic	Keywords for searches
1	Patients' perception	Patients' views, Patients' opinions, Patients' perspectives, Patients' understanding, Patients' beliefs, Patients' impressions, Patients' viewpoints, Patients' awareness
2	Patients' experience	Patients' encounters, Patients' interactions, Patients' observations, Patients' involvement, Patients' journeys
3	Family medicine	Family physician, family doctor, family care, family health practitioner
	Practice	Application, Implementation, Procedure, Method, Approach
5	Public Healthcare	Universal healthcare, Community Health Services, Government-funded healthcare, Public health system, National health services
6	Service delivery	Service provision, Healthcare implementation, public service management, Client care distribution

**Table 3** List of keywords to be used in the search

Database	Search Terms	Where (Keywords)	Total Hits	Date Searched
Pub Med	("Patients' perception" OR "Patients' views" OR "Patients' opinions" OR "Patients' perspectives" OR "Patients' understanding" OR "Patients' beliefs" OR "Patients' impressions" OR "Patients' viewpoints" OR "Patients' awareness" OR "Patients' encounters" OR "Patients' interactions" OR "Patients' observations" OR "Patients' involvement" OR "Patients' journeys") AND ("Family medicine" OR "Family physician" OR "Family doctor" OR "Family care" OR "Family health practitioner") AND ("Practice" OR "Application" OR "Patients' views" OR "Implementation" OR "Procedure" OR "Method" OR "Approach") AND ("Public Healthcare" OR "Universal healthcare" OR "Community health services" OR "Government-funded healthcare" OR "Public health system" OR "National health services") AND ("Service delivery" OR "Service provision" OR "Healthcare implementation" OR "Public	Title/abstract	295	Primary search: April 13th, 2025. Secondary Search: May 16th, 2025

	service management" OR "Client care distribution")			
CINAHL	("Patients' perception" OR "Patients' views" OR "Patients' opinions" OR "Patients' perspectives" OR "Patients' understanding" OR "Patients' beliefs" OR "Patients' impressions" OR "Patients' viewpoints" OR "Patients' awareness" OR "Patients' encounters" OR "Patients' interactions" OR "Patients' observations" OR "Patients' involvement" OR "Patients' journeys") AND ("Family medicine" OR "Family physician" OR " OR "Family doctor" OR "Family care" OR "Family health practitioner") AND ("Practice" OR "Application" OR "Patients' views" OR "Implementation" OR "Procedure" OR "Method" OR "Approach") AND ("Public Healthcare" OR "Universal healthcare" OR "Community health services" OR "Government-funded healthcare" OR "Public health system" OR "National health services") AND ("Service delivery" OR "Service provision" OR "Healthcare implementation" OR "Public service management" OR "Client care distribution")	Title/abstract	145	Primary search: April 13th, 2025. Secondary Search: May 16th, 2025
Medline	("Patients' perception" OR "Patients' views" OR "Patients' opinions" OR "Patients' perspectives" OR "Patients' understanding" OR "Patients' beliefs" OR "Patients' impressions" OR "Patients' viewpoints" OR "Patients' awareness" OR "Patients' encounters" OR "Patients' interactions" OR "Patients' observations" OR "Patients' involvement" OR "Patients' journeys") AND ("Family medicine" OR "Family physician" OR " OR "Family doctor" OR "Family care" OR "Family health practitioner") AND ("Practice" OR "Application" OR "Patients' views" OR "Implementation" OR "Procedure" OR "Method" OR "Approach") AND ("Public Healthcare" OR "Universal healthcare" OR "Community health services" OR "Government-funded healthcare" OR "Public health system" OR "National health services") AND ("Service delivery" OR "Service provision" OR "Healthcare implementation" OR "Public service management" OR "Client care distribution")	Title/abstract	90	Primary search: April 13th, 2025. Secondary Search: May 16th, 2025
Science Direct	("Patients' perception" OR "Patients' views" OR "Patients' opinions" OR "Patients' perspectives" OR "Patients' understanding" OR "Patients' beliefs" OR "Patients' impressions" OR "Patients'	Title/abstract	60	Primary search: April 13th, 2025. Secondary Search: May 16th, 2025

	viewpoints" OR "Patients' awareness" OR "Patients' encounters" OR "Patients' interactions" OR "Patients' observations" OR "Patients' involvement" OR "Patients' journeys") AND ("Family medicine" OR "Family physician" OR " OR "Family doctor" OR "Family care" OR "Family health practitioner") AND ("Practice" OR "Application" OR "Patients' views" OR "Implementation" OR "Procedure" OR "Method" OR "Approach") AND ("Public Healthcare" OR "Universal healthcare" OR "Community health services" OR "Government-funded healthcare" OR "Public health system" OR "National health services") AND ("Service delivery" OR "Service provision" OR "Healthcare implementation" OR "Public service management" OR "Client care distribution")			
ProQuest	("Patients' perception" OR "Patients' views" OR "Patients' opinions" OR "Patients' perspectives" OR "Patients' understanding" OR "Patients' beliefs" OR "Patients' impressions" OR "Patients' viewpoints" OR "Patients' awareness" OR "Patients' encounters" OR "Patients' interactions" OR "Patients' observations" OR "Patients' involvement" OR "Patients' journeys") AND ("Family medicine" OR "Family physician" OR " OR "Family doctor" OR "Family care" OR "Family health practitioner") AND ("Practice" OR "Application" OR "Patients' views" OR "Implementation" OR "Procedure" OR "Method" OR "Approach") AND ("Public Healthcare" OR "Universal healthcare" OR "Community health services" OR "Government-funded healthcare" OR "Public health system" OR "National health services") AND ("Service delivery" OR "Service provision" OR "Healthcare implementation" OR "Public service management" OR "Client care distribution")	Title/abstract	40	Primary search: April 13th, 2025. Secondary Search: May 16th, 2025
Scopus	("Patients' perception" OR "Patients' views" OR "Patients' opinions" OR "Patients' perspectives" OR "Patients' understanding" OR "Patients' beliefs" OR "Patients' impressions" OR "Patients' viewpoints" OR "Patients' awareness" OR "Patients' encounters" OR "Patients' interactions" OR "Patients' observations" OR "Patients' involvement" OR "Patients' journeys") AND ("Family medicine" OR "Family physician" OR " OR "Family doctor" OR "Family care" OR "Family health practitioner") AND ("Practice" OR	Title/abstract	26	Primary search: April 13th, 2025. Secondary Search: May 16th, 2025

	"Application" OR "Patients' views" OR "Implementation" OR "Procedure" OR "Method" OR "Approach") AND ("Public Healthcare" OR "Universal healthcare" OR "Community health services" OR "Government-funded healthcare" OR "Public health system" OR "National health services") AND ("Service delivery" OR "Service provision" OR "Healthcare implementation" OR "Public service management" OR "Client care distribution")			
Web Search e.g Google Scholar	("Patients' perception" OR "Patients' views" OR "Patients' opinions" OR "Patients' perspectives" OR "Patients' understanding" OR "Patients' beliefs" OR "Patients' impressions" OR "Patients' viewpoints" OR "Patients' awareness" OR "Patients' encounters" OR "Patients' interactions" OR "Patients' observations" OR "Patients' involvement" OR "Patients' journeys") AND ("Family medicine" OR "Family physician" OR " OR "Family doctor" OR "Family care" OR "Family health practitioner") AND ("Practice" OR "Application" OR "Patients' views" OR "Implementation" OR "Procedure" OR "Method" OR "Approach") AND ("Public Healthcare" OR "Universal healthcare" OR "Community health services" OR "Government-funded healthcare" OR "Public health system" OR "National health services") AND ("Service delivery" OR "Service provision" OR "Healthcare implementation" OR "Public service management" OR "Client care distribution")	Title/abstract	24	Primary search: April 13th, 2025. Secondary Search: May 16th, 2025

## 2.6. Study Selection

To determine which studies would be suitable, specific criteria were developed before the process of choosing research for inclusion in this scoping review began. [17] Setting clear definitions will be simpler as a result, and many articles or publications that are unrelated to the research issue won't accumulate (Arksey & O'Malley, 2005). Out of the 750 articles that were retrieved after the inclusion and exclusion criteria were used, 15 were included in the final scoping review. The full texts of these articles were examined to make sure they met the requirements for inclusion before being finally included.

The scoping review did not include articles written in languages other than English, published prior to 2004, based in other African countries or parts of the world, or covering subjects other than patients' perceptions and experiences of family medicine practice as a driver for public healthcare service delivery and provision. The database searches, which included PUBMED, CINAHL, MEDLINE, Science Direct, ProQuest, Scopus, and Google Scholar, yielded a total of 680 articles. The titles and abstracts of each of the 680 articles that were obtained from the various databases were checked. Because some of the exclusion criteria were used to narrow down the search, the number was small when using the inclusion and exclusion criteria. For example, the initial search did not include studies written in languages other than English or conducted prior to 2004. By searching the Web, Google Scholar, and the reference list of previously retrieved publications, 70 more research articles were found. Every item that was retrieved was stored for comparison in two distinct reference management systems (Mendeley & Rayyan). 220 duplicate articles out of the 750 retrieved were eliminated and not included in the review process. After looking for differences between the two reference management tools, the findings were manually reviewed to make sure any duplicates had been eliminated. 160 abstracts and titles

in all that didn't fit the inclusion requirements were eliminated. 36 articles in total were eliminated at the titles and abstracts screening level out of the 60 that were evaluated because they were not relevant to the research study. Ultimately, 24 articles underwent full-text screening to determine their eligibility. Research conducted outside of Nigeria, in languages other than English, or that addressed topics unrelated to the research question was disqualified, as were any studies that did not concentrate on patients' opinions and experiences of family medicine practice as a driver for public healthcare service delivery and provision.

A total of 15 articles were deemed suitable for the study's inclusion. July 25th, 2025 was the date of the most recent search.

### 3. Results

This chapter is organized into five sections: (a) summary of the article selection process. (b) description of characteristics of studies; (c) description of research designs, objectives, and theoretical frameworks and (d) exploration of themes, authors, and numbers of articles

#### 3.1. Summary of Article Selection Process

A total number of 100 articles were retrieved from the overall search; with 92 retrieved from the seven databases and 8 articles from additional searching of reference lists of journals. Following the removal of 45 duplicates and screening of abstracts, 55 full-text articles were assessed for eligibility. Out of the 55 eligible studies, 25 articles were excluded primarily because they were irrelevant to the research question, male involvement and language other than English, studies from other countries. 15 articles were excluded after full text screened, such as population and quality. 15 articles were included in the final scoping review

(see Appendix C). Articles included in the scoping review Patients' perceptions and experiences of family medicine practice as a driver for public healthcare service delivery and provision

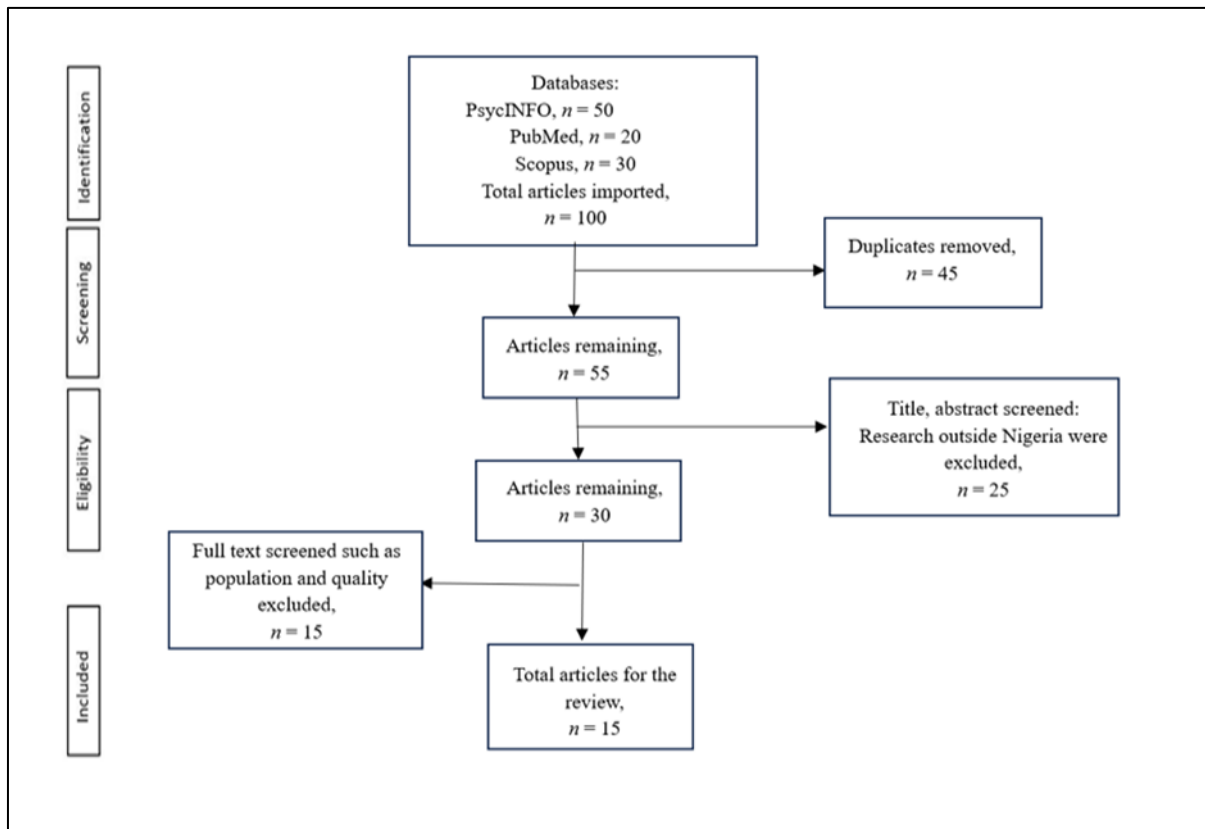


Figure 2 PRISMA flow diagram for scoping review

### 3.2. Study Characteristics

The publication dates of selected articles ranged from 2004 to 2025 with the majority (60%) of articles published between 2018 to 2025, 27% of the studies were published between 2011 and 2017, while 7% were published between 2004 to 2010. Findings from the study shown increased publication in the last decade which may reflect increasing research conducted to ascertain patients' perceptions and experience on Family Medicine in Nigeria. The reviewed articles identified 5 geo-political zones out of the 6 in Nigeria where studies were conducted. Out of the five geopolitical zones where studies were conducted, 3 studies were conducted in North West, 2 in North Central, 6 in South West, 2 in South East and 3 in South South. However, in the case of the literature reviews, multiple geographical locations were reflected.

### 3.3. Methodological & Research designs

The qualitative method dominated methodology designs (8/15), followed by quantitative studies (4/15), mixed (2/15), and review (1/15). Figures 4-1 show the diverse research design used by the different authors in the articles. The variability in the methodology approaches and research designs show the aspect of patients' perceptions and experiences of family medicine practice that the authors wish to address.

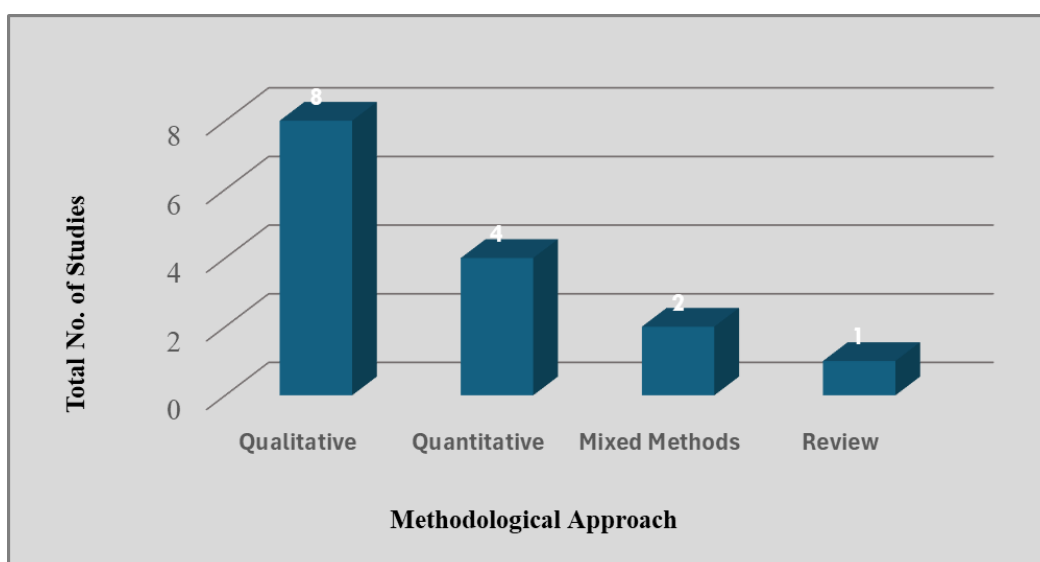


Figure 3 Methodological Approach of Included Articles

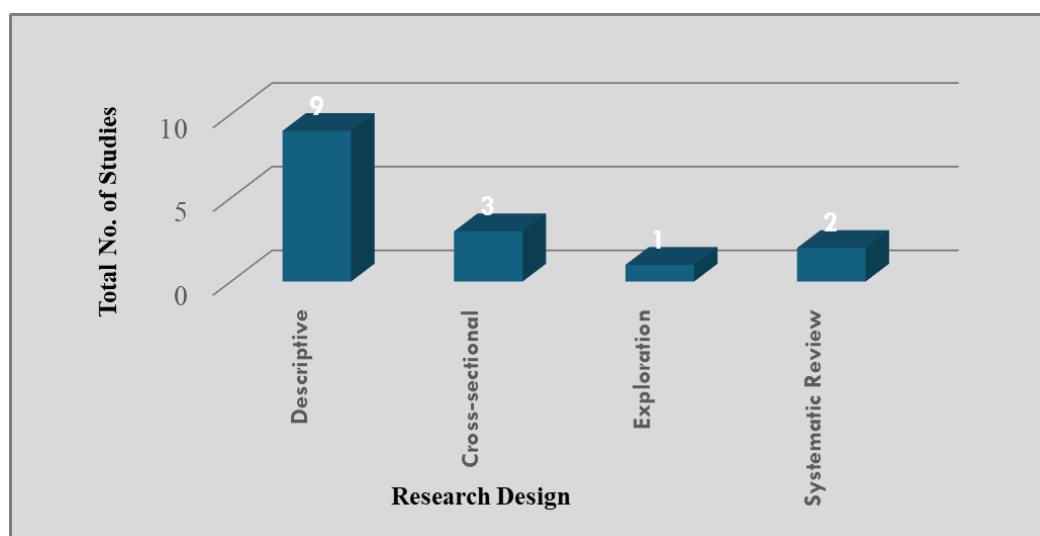


Figure 4 Research Designs of Included Articles

The data collection instruments for the qualitative articles were mainly descriptive such as surveys, case reports, observations, interviews and focus group discussions, while the quantitative articles utilized structured questionnaires and secondary data.

### 3.4. Theoretical Frameworks

Of the 15 articles included in the review, 10 studies did not include a conceptual framework with the remaining 5 using guiding conceptual or theoretical frameworks. The conceptual frameworks were used to frame study analysis and inform the discussion of findings in three of the five studies.

The characteristics of the articles included in this scoping review are listed in the table below

**Table 4** Research Designs of Included Articles

Article	Authors	Year of Publication	Title	Aim/Purpose	Where the Study was conducted	Methodology	Keywords	Key Findings
1	Francis G Koce, Gurch Randhawa, Bertha Ochieng	2020	A qualitative study of health care providers' perceptions and experiences A qualitative study of health care providers' perceptions and experiences of patients bypassing primary healthcare facilities: a focus from Nigeria of patients bypassing primary healthcare facilities: a focus from Nigeria	This study aims to explore the perspectives of the healthcare providers and thus identify some of the factors that may influence a patient's decision to self-refer.	North Central	In-depth semi-structured interviews were conducted with eighteen healthcare providers	Family medicine, primary health care, health systems, health care seeking behaviour, Nigeria	The key findings suggest that improving healthcare access in low-cost economies requires employing family physicians & standardizing primary healthcare facilities
2	K Yakubu, K Hoedebecke, L Pinho-Costa, O Popoola & I Okoye	2017	A qualitative study of young Nigerian family physicians' views of their specialty, South African Family Practice	This study was aimed at generating hypotheses on what describes a FP and the unique characteristics of	South South	A purposive sample of young Nigerian FPs were asked to describe their favourite aspect of FM in a single word/phrase	family practice, grounded theory, identity crisis, Nigeria, primary health care	The study revealed the acceptance of role in providing comprehensive primary care by young Nigerian FP and suggested

				the discipline specific for their setting, by asking young Nigerian FPs to identify what they like most about their specialty.				a lesser acceptance of their role in community-oriented primary care as well as primary care management
3	Monsurat Adepeju Lateef and Euphemia Mbali Mhlongo	2022	A qualitative study on patient-centered care and perceptions of nurses regarding primary healthcare facilities in Nigeria	This study seeks to present the results of qualitative research performed at various selected PHC centres on nurses' perceptions in PCC practice. This study aim was to explore the perception of nurses on PCC	South West	A qualitative action research approach was adopted. The study involved 30 local government PHC centres located in Osun State Southwest of the federal republic of Nigeria.	Patient-centered care, Perception, Nurses, Primary Health Care, Nursing care, And Healthcare services	PCC perceptions of nurses that was revealed in our findings were categorized into positive and negative themes. The negative themes include: poor approach by the nurses and lack of enforcement agency. The positive themes that emerged include: outcome driven healthcare, valued care provider, communication to

								sharpen care and driven healthcare service
4	Maaïke Flinkenflögel, Vincent Sethlare, Vincent Kalumire Cubaka, Mpundu Makasa, Abraham Guyse and Jan De Maeseneer	2020	A scoping review on family medicine in sub-Saharan Africa: practice, positioning and impact in African health care systems	The aim of this review was to describe the current status of FM in SSA and to provide an overview of existing evidence of its strengths, weaknesses, effectiveness and impact		A scoping review was conducted by systematically searching a wide variety of databases to map the existing evidence.		In sub-Saharan Africa (SSA), family medicine (FM) is a developing field, and because of the disparities in the demands of the health system and the distribution of physicians, FPs' roles and the way FM is implemented vary greatly.
5	Ali Bassam Mahmoud, Theresa Ekwere, Leonora Fuxman and Abdelrhman Ahmad Meero	2019	Assessing Patients' Perception of Health Care Service Quality Offered by COHSASA-Accredited Hospitals in Nigeria	The study aimed to determine patients' perception of service quality offered at Council for Health Service Accreditation of Southern Africa (COHSASA)-accredited private		Quantitative research was conducted via self-administered questionnaires to patients	Health marketing, quality, health service perceived quality, patients' satisfaction	patient's satisfaction was found to fully transmit the indirect effects of two of the three factors, quality sensitivity and reliability, onto repurchase intentions

				hospitals in Nigeria				
6	Tijani I.A. Oseni, Tawakali O. SalamAkinfemi J. Fatusin	2021	Contributions of family physicians to health care services in Nigeria			Qualitative	family physicians; health care; general outpatient clinics; NHIS; contributions, Nigeria.	Despite the important roles played by family medicine, there has been a progressive decline in the numbers of FPs and trainees in Nigeria because of migration overseas
7	Zuhur Hassan Ahmed	2023	Exploring the Perception of Patients, Providers, and Healthcare Exploring the Perception of Patients, Providers, and Healthcare Leaders of the 15-20 Minute Primary Care Visit Leaders of the 15-20 Minute Primary Care Visit	The purpose of this qualitative exploratory multiple case study was to ascertain the common viewpoints of patients from poor socioeconomic backgrounds, medical professionals, and administrative leaders regarding the average 15-20 minute primary care visit.		Qualitative	Perceptions, Family Medicine, Healthcare	The study's overall findings showed that based on the lived experience of the three stakeholders of the 15-20 minute visit duration with PCP, this visit duration is not sufficient for holistic patient care for low-income patients with psychosocial issues.

8	Daprim S Ogaji, Sally Giles, Gavin Daker-White, and Peter Bower	2016	Findings and Predictors of Patient-Reported Experience of Primary Health Care in Nigeria	Higher self-rated health status and nonpayment for care at the point of receipt were consistent predictors of positive patient experiences from the multilevel analysis.		A cross-sectional survey of 1680 patients attending 24 primary health centers in 6 states from the 6 geopolitical subdivisions in Nigeria.	predictors, primary health care, PHC, patient experiences, perceived quality, Nigeria	Study reported findings and drivers of patient experiences with PHC. Aspects of PHC showing less positive patient experiences and some patients' factors associated with these are amenable to change and can form the focus of quality improvement actions.
9	Moloi H, Daniels K, Brooke-Sumner C, Cooper S, Odendaal WA, Thorne M, Akama E, Leon N	2023	Healthcare workers' perceptions and experiences of primary healthcare integration: a scoping review of qualitative evidence (Review)	To map the qualitative literature on healthcare workers' perceptions and experiences of PHC integration to characterise the evidence base, with a view to better inform future syntheses		a qualitative evidence synthesis (QES) of healthcare workers' perceptions and experiences of PHC integration		The major finding in this review is the diversity of the evidence base on healthcare workers' perceptions and experience of PHC integration

				s on the topic.				
10	A. Osiyemi, O. Fasola, I. Anjorin, O. Adeyemo, and T. Illori,	2020	Interest In Family Medicine Specialization Among Medical Undergraduates Of The University Of Ibadan, Nigeria	this study aims to describe the pattern of specialty choices and identify factors associated with current interest and future consideration of FM specialization among medical students in a Nigerian medical school.		Using a cross-sectional study design, total sampling of fourth-year medical students undergoing family medicine rotation as of November 2017 (N= 412) was done.	Family medicine, Medical students, Medical specialties, Nigeria.	There is a low interest in FM specialization among medical students and this may be attributable to the fact that FM undergraduate training is relatively new in Nigeria. Further research on the role of mentorship and preceptorship on specialty choices of medical students needs to be carried out.
11	OE Fasola, AO Alao, BA Ibisola, AM Obimakinde & IC Odekunle	2019	Knowledge and perception of Family Medicine among medical students at University of Ibadan, Nigeria	This study aimed to assess the awareness and perception of Family Medicine among medical students at the University College Hospital (UCH), Ibadan.	South West	A descriptive cross-sectional study was conducted over a period of four weeks medical students at UCH, Ibadan.	knowledge, perception, Family Medicine, medical student, Ibadan	It was observed that with increase in length of exposure to Family Medicine as a specialty, knowledge and perception of the specialty improved among the medical

								students. It is imperative that all the medical schools in Nigeria implement the NUC directive and start undergraduate Family Medicine training
12	Deborah McCahon*, Polly Duncan, Rupert Payne and Jeremy Horwood	2022	Patient perceptions and experiences of medication review: qualitative study in general practice	To explore patient experiences of medication review including the processes and activities that led up to and shaped the review.		Qualitative interview study within 10 general practices	Clinical medication review, Patient experience, Medicines optimisation, Primary care, Clinical pharmacist	Improved prior communication and information around the intended purpose and potential benefits of medication review may enhance patient engagement and improve patient experience and outcomes.
13	Christine E. Malcolm, Kevin K. Wong, Ruth Elwood-Martin	2008	Patients' perceptions and experiences of family medicine residents in the office	To examine patients' perceptions and experiences of having family medicine residents in the office		Descriptive survey; questionnaire completed by patients.		Respondents reported very positive experiences with having family medicine residents in the

								office. Overall comfort and satisfaction with seeing family medicine residents was reported to be extremely high, and most patients surveyed would choose to have family medicine residents involved in their care.
14	Ann Lee, Sandra Kennett, Sheny Khera, Shelley Ross	2017	Perceptions, practice, and "ownership:" experiences in continuity of the patient-doctor relationship in a family medicine residency	The objective of this mixed-methods study was to determine interpersonal continuity (the ongoing therapeutic relationship between patient and health care provider) experiences of family medicine residents and precepto		A qualitative descriptive research method was used for the qualitative portion. Semi structured interviews were conducted and constant comparative analysis was used to determine emerging themes.		Understanding perceptions and changing them through a multi-faceted approach including resident teaching and faculty development might help improve interpersonal continuity which are core to both family medicine curricula and current models of

				rs, and explore their perceptions of interpersonal continuity.				health care delivery.
15	Okokon IB, Ogbonna UK, Asibong UE, Aluka TM and Dienye PO	2012	Teaching family medicine in medical schools - The perspective from a Nigerian medical school.	This review is aimed at underscoring the need for a collaborative enforcement of undergraduate Family Medicine training in Nigerian Universities by the National Universities Commission and the Medical and Dental Council of Nigeria.		Qualitative		Family physicians and other generalists should play a larger role in teaching, while students should have clinical exposure to family physicians and other generalists in all their clinical training years in the medical school

### 3.5. Themes, Authors, and Number of Articles

The 15 articles patients' perceptions and experiences of family medicine practice as a driver for public healthcare service delivery and provision. Findings from this study are categorized as perceptions and experiences, whether they have positive or negative effects on public healthcare service delivery and provision. These perceptions and experiences were further categorized under continuity of care, comprehensive care, first point of contact, trust in competence, physical access, affordability, accessibility of Services, waiting time and flow, quality of communication, listening and empathy, respect and dignity and overall Satisfaction.

**Table 5** Mapping of Themes and Sub-Themes in the articles

S/n	Theme	Sub-Themes	Code	Articles
1	Perception	Continuity of Care	Long-term patient-doctor relationships	5,8,13
			Follow-up and monitoring	4,
		Comprehensive Care	Management of multiple conditions	6,
			Integration of physical, mental, and preventive care	6,
		First Point of Contact	Accessibility of services	1,
			Clear explanations and shared decision-making	4,13
		Trust in Competence	Confidence in diagnosis and treatment	2,
			Perceived professionalism and knowledge	2,4,8
		Physical Access	Proximity of services to patients	1,4,6
			Infrastructure and availability of equipment	1,4,8,
Affordability	Perceived cost-effectiveness	1,4,5,6,8		
2	Experience	Accessibility of Services	Accessibility of Services	1,2,6,13,
			Physical distance to facility	1,4,
			Clinic hours suitability	7,6,13
		Waiting Time and Flow	Duration before being attended to	7,8,13
		Quality of Communication	Clarity of explanations	2,8
			Listening and Empathy	Feeling heard and understood
		Emotional support during consultation		5,
		Respect and Dignity	Politeness and courtesy	5,
			Non-discrimination and privacy assurance	13,
		Overall Satisfaction	General evaluation of care experience	4,6,7,8,
Feeling better after visits	4,8			
Consideration of individual circumstances and preferences	4,6,13			

Multiple interwoven elements influence patients' perceptions and experiences with family medicine (FM) practice in public healthcare settings, increasing trust, access, and satisfaction. [20,21,22] A major sub theme of perception is continuity of care, with long-term relationships with physicians and regular follow-up highly valued for fostering trust and enhancing health outcomes (Mahmoud et al., 2019, Ogaji et al., 2016, Malcolm, Wong & Elwood-Martin, 2008). [13] In Nigeria, this continuity has resulted in improved drug adherence and chronic disease treatment. Comprehensive care was another important feature, with patients appreciating FM's ability to address multiple health conditions in a single visit (Oseni, Salam & Fatusin, 2021), reducing the need for fragmented referrals. [13] Integrated services, which included mental, physical, and preventative health care, increased favorable perception, particularly when mental health support was provided in addition to general treatment (Oseni, Salam & Fatusin, 2021). [23, 24, 22] FM was also viewed positively as a first point of contact, effectively boosting gatekeeping and avoiding needless referrals (Koce, Randhawa, Ochieng, 2020, Flinkenflögel et al., 2020, Malcolm, Wong, Elwood-Martin, 2008). Patients valued rapid access to clinicians and clear, open communication that included them in healthcare decisions. Both professionalism and communication influenced people's trust in physicians' abilities. [25, 24, 21] Clear

communication increased patient confidence (Yakubu et al., 2017, Flinkenflögel et al., 2020, Ogaji et al., 2016), whereas professionalism promotes service use. [23, 27, 24, 13, 21] Perceptions were greatly influenced by physical access, with patients being less inclined to seek care at facilities that were far away or ill-equipped (Koce, Randhawa, Ochieng, 2020, Flinkenflögel et al., 2020, Oseni, Salam, & Fatusin, 2021, Ogaji et al., 2016). [23, 24, 13, 21] Service utilization was inhibited by inadequate infrastructure ((Koce, Randhawa, Ochieng, 2020, Flinkenflögel et al., 2020, Oseni, Salam, & Fatusin, 2021, Ogaji et al., 2016). Because FM services at public hospitals were seen to be cost-effective, affordability was also crucial. [23, 24, 20, 13, 21]The affordability of FM clinics led patients to choose them over specialists (Koce, Randhawa, Ochieng, 2020, Flinkenflögel et al., 2020, Mahmoud et al, 2019, Oseni, Salam, & Fatusin, 2021, Ogaji et al., 2016) and reduced expenses prompted early health-seeking behaviors. [23, 25, 13, 22] Accessibility of services, as demonstrated by facility proximity, regular availability, and appropriate hours, significantly impacted satisfaction under the second subject, experience. (Koce, Randhawa, Ochieng, 2020, Yakubu et al., 2017, Oseni, Salam, & Fatusin, 2021, Malcolm, Wong, & Elwood-Martin, 2008). [26] Extended hours allowed more patients to be seen (Schoen et al., 2007), but regular availability was associated with greater patient satisfaction. Waiting time and clinic flow emerged as critical issues. [27,21, 22] Long waiting periods led to dissatisfaction (Ahmed, Zuhur Hassan, 2023, Ogaji et al., 2016, Malcolm, Wong, & Elwood-Martin, 2008). but [27, 21] improvements in scheduling and workflow could enhance the patient experience (Ahmed, Zuhur Hassan, 2023, Ogaji et al., 2016) [21] Communication quality played a vital role. Patients responded more positively when explanations were tailored and easy to understand (Ogaji et al., 2016). Respectful interactions fostered trust and improved adherence to treatment.

The above major Patients' perceptions and experiences of family medicine and some others will be discussed extensively in the next chapter.

### **3.6. Distribution of Article Characteristics**

#### *3.6.1. Publication Year*

Based on the articles obtained and included in the review which amounted to 15 articles, -found that 1 (7%) were published between 2004 – 2010, those published between 2011 – 2017 were 4 (27%) and 9 (60%) were published between 2018 – 2025.

#### *3.6.2. Geographical Zones*

It was found that the articles included in the review were conducted in a different region of Nigeria as follows: North West 3 (20%), North Central 2 (13%), South West 6 (40%), South East 2 (13%) and South South 3 (20%).

#### *3.6.3. Methodology*

Based on the articles obtained, the authors used different methods. Results found that 8 (53%) were qualitative, 4 (27%) were quantitative, 2 (13%) Mixed Methods and 1 (7%) Review.

#### *3.6.4. Research design*

It was found that articles with Descriptive research design was 10 (67%), Cross-sectional 3 (20%), Exploratory 1 (7%) and Systematic review 2 (13%).

#### *3.6.5. Type of data*

Based on the articles obtained, it was found that almost all the studies were conducted using primary data which are 10 accounting for 67% of the total number of articles included while 5 (33%) were conducted using Secondary data.

#### *3.6.6. Data Mapping*

The results of the scoping review will bring up 1 theme or more than 1 theme. Then the theme will bring up the subtheme.

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## **4. Discussion**

The primary findings of the studied literature are presented in this chapter under the main themes of perception and experience, along with the codes and sub-themes that go along with them. The chapter uses data from several studies to show how patients feel about family medicine (FM) practice and how their experiences and perceptions affect the effectiveness and use of public healthcare services.

Continuity of Care: One important sub-theme within the Perception theme was continuity of care. Because they boosted trust and improved health outcomes, patients highly valued continuing follow-up and long-term connections with physicians. [28, 29] Sustained treatment enhances the patient-provider interaction (Levesque et al., 2013; Starfield et al., 2005). [30] According to studies conducted in Nigeria by Kruk et al. (2010). This type of continuity enhanced medication adherence and disease management, particularly for chronic disorders. Patients' strong bonds with their primary physicians—patient-physician interactions are one of the fundamental tenets of family medicine—were the key factor that contributed to their decision to avoid seeing residents. [22] Almost 70% of patients surveyed had been with their current doctors for more than 10 years, which would probably explain why our findings are slightly different from those of studies done in walk-in clinics (Malcolm, Wong & Elwood-Martin, 2008). They observed that the providers occasionally had rude reactions from the medical staff, such as being screamed at, which occasionally affected their choices to stay away from those establishments. [23] Similarly, it has been noted that a crucial component of providing high-quality treatment involves not only the expertise and abilities of medical personnel but also their attitudes as seen by patients (Koce, Randhawa, Ochieng, 2020). For patients and their families, the experience of continuity is the perception that providers know what has happened before, that different providers agree on a management plan, and that a provider who knows them will care for them in the future. For providers, the experience of continuity relates to their perception that they have sufficient knowledge and information about a patient to best apply their professional competence and the confidence that their care inputs will be recognized and pursued by other providers. [31] The experience of continuity may differ for the patient and the providers, posing a challenge to evaluators (Haggerty et al., 2003) Continuity in primary care literature is mainly viewed as the relationship between a single practitioner and a patient that extends beyond specific episodes of illness or disease. [31] Continuity implies a sense of affiliation between patients and their practitioners (my doctor or my patient), often expressed in terms of an implicit contract of loyalty by the patient and clinical responsibility by the provider (Haggerty et al., 2003). [31] In family medicine, continuity is different from coordination of care, although better coordination follows from continuity (Haggerty et al., 2003).

Comprehensive Care: Positive perceptions also depend on comprehensive treatment. [32] Patients valued FM's ability to manage multiple medical issues in one location, according to Mash et al. (2015). [33] Ohta et al., 2021 highlighted the need of integrating preventative, mental, and physical care in FM, noting that patients valued comprehensive care, especially when mental health support was provided in addition to routine medical care. [32] Like this, Mash et al. (2015) stress that South Africans, especially those living in rural areas with limited access to specialists, value family doctors who treat a range of illnesses holistically. [34] Comprehensive care is associated with increased patient satisfaction and system efficiency (Hutchison et al., 2011), which improves the delivery of public healthcare in Canada, where family doctors are the first point of contact for most health issues. Many studies have shown that comprehensive care is an important part of a successful family medical practice that leads to better patient experiences in public healthcare systems. [35] Bodenheimer and Pham (2010) say that comprehensive care is necessary in the United States to meet the different physical, mental, and social health needs of patients because it promotes continuity and reduces fragmentation.

First Point of Contact: As the first point of contact, FM was typically viewed favorably. [30] FM reduces unnecessary referrals while improving gatekeeping systems, according to Kruk et al. (2010). Research by [36] Epstein et al. (2005) found that when patients were informed and involved in their care decisions, their satisfaction levels increased. The notion that family medicine should be the first point of contact in healthcare, particularly in systems that are based on strong primary care, has a significant impact on patients' experiences with public health services. Patients in the UK hold general practitioners in high regard for their ability to provide timely, reliable, and individualized care, as they are the initial point of entry into the healthcare system. [37] According to Starfield (1994), family doctors' first-contact role promotes equity by enabling timely access for all population groups, preventing unnecessary referrals to specialists, and ensuring appropriate use of services. Patients see this accessibility and gatekeeping role as an indication of a sound healthcare system when care begins with a trusted professional who is aware of their health history and context. In countries like Brazil, especially in impoverished areas, the Family Health Strategy has made family medicine the main point of contact for millions of people. [38] Macinko and Harris (2015) claim that this methodology has improved health indices like infant mortality and hospital admissions for preventable conditions. A patient reports a positive experience when their first encounter with the healthcare system involves family physicians who are not only approachable but also qualified to handle a range of issues. In a similar vein, South Africa is attempting to enhance first-contact care by adding family physicians to district health services. [39] According to research, patients appreciate having access to comprehensive, continuous care without unnecessary wait times (Family Physicians, 2022). In these diverse contexts, family medicine's function as the first point of contact has a significant impact on patient satisfaction, system efficacy, and trust in the delivery of public healthcare.

**Trust in Competence:** Views of the doctor's professionalism and diagnostic confidence affected patients' trust in competence. [40, 45, 46] Clear communication boosted patient confidence, according to Stewart et al. (2003). Research from many countries has shown that how much patients trust their family doctors' skills has a big effect on how they feel about and use public healthcare services. [41] Patients in the UK are more likely to be happy with their treatment and follow the doctor's orders when they think their general practitioners are knowledgeable and skilled in a wide range of diseases (Calnan & Rowe, 2006). [42] In Canada, it has been shown that trusting family doctors' clinical knowledge and judgement encourages continuity and patient involvement, especially when it comes to managing long-term conditions (Thorne et al., 2010). [32] Research from South Africa shows that patients in places with few resources also value the perceived expertise of family doctors highly, linking competence to safety and quality of care (Mash et al., 2015). This backs up the idea that trust is an important part of giving public health services well.

**Physical Access:** Physical access was considered an important element since patients reported that their willingness to seek care was influenced by the availability of medical facilities. [43] Peters et al. (2008) claim that the distance to amenities has a major influence on usage, particularly in rural locations. [44] Inadequate facilities deterred people from using services, according to Aregbeshola and Khan (2018), highlighting the significance of basic infrastructure and diagnostic tools. The perception and interaction of people with public healthcare is greatly influenced by their physical access to family medical services, according to numerous specialists around the world. In rural and underserved areas, the lack of family doctors frequently results in delayed care, poor health outcomes, and discontent with the healthcare system. Countries with better-organized primary healthcare systems show how improved physical access increases patient trust and service use. [34] In Canada, community-based family medical clinics that are easy to reach contribute to continuity, the use of preventive care, and early illness diagnosis (Hutchison et al., 2011). [45] In the UK, access to general practitioners within local areas is linked to higher patient satisfaction and fairer service delivery (Gulliford et al., 2002). As we aim to transform family medicine into a key element of effective public healthcare, these global viewpoints demonstrate that physical access is not just a logistical issue; it is a crucial part of patient experience and system performance.

**Affordability:** The impact of affordability on perception was substantial. Patients thought that FM treatments at public hospitals were adequately priced. [46] Ogunbekun et al. (1999) found that Nigerian patients favored FM clinics over specialty units due to their cost-effectiveness. Patients' opinions and experiences of family medical practice in public healthcare systems are greatly influenced by affordability. The expense of receiving care can be a major deterrent in many nations, affecting people's decision to seek prompt medical attention. Due to the low out-of-pocket costs of primary care consultations, patients in Canada, where family medicine is mostly supported by the government, frequently express high levels of satisfaction. [34] According to Hutchison et al. (2011), this financial accessibility promotes equitable access and long-term use of healthcare services. Similar to this, people from all socioeconomic backgrounds can receive free family medical care at the point of care from the National Health Service (NHS) in the United Kingdom. [47] This results in improved health outcomes and fosters confidence in the public health system (Goddard & Smith, 2001). Yet, in low- and middle-income countries, affordability is often still a major problem, which directly affects how consumers view family medical services. For example, family medicine aims to offer integrated and continuous treatment, but access is still limited by financial constraints, especially for low-income populations, and out-of-pocket costs are still common in Nigeria. [48] Despite the fact that family medicine is practiced in higher education, Uzochukwu et al. (2015) argue that the potential benefits of the model are undermined because patients typically express concerns about the cost of consultations, prescription medications, and diagnostic services. [49] Similarly, even when primary care is available in India, many patients wait to seek care until their symptoms worsen because they cannot afford the associated medical costs (Rao et al., 2011). These cross-national results show that affordability has a significant impact on how family medicine is perceived and used, and that affordability also significantly affects the ability of public healthcare systems to offer patient-centered, inclusive care.

**Accessibility of Services:** The second essential element, experience, focused on patients' direct encounters with FM services. The availability, proximity, and convenient clinic hours of the services were used to evaluate their accessibility. [26] Schoen et al. (2007) discovered that flexible clinic hours drew more patients, particularly working individuals.

**Waiting Time and Flow:** Wait time and flow were the two main problems. Because they had to wait for long periods of time, patients were often unhappy. Longer visits have been associated with both patient and physician satisfaction with care and work satisfaction. [27] According to a study that compared doctors' opinions about visit duration in the US, UK, and Germany, US doctors stated that they needed more time to care for patients, even though they believed that 30 minutes should be allotted for new patient visits and 18 minutes for existing patient visits (Ahmed, Zuhur Hassan, 2023).

Patients' perceptions of visit duration and its correlation with care satisfaction were assessed in a more recent study. [27] A longer visit than the allotted 10 minutes was perceived by patients who thought the clinicians were nice, kind, attentive, caring, efficient, and informed (Ahmed, Zuhur Hassan, 2023).

Quality of Communication: One of the most crucial aspects of the patient experience was the degree of communication. [59] Patients responded more favorably to explanations that were clear and tailored to their specific requirements, according to Agha et al. (2009). [51] Zolnierek & Dimatteo, (2009) found that respectful communication enhanced treatment adherence and promoted trust, particularly in family medical settings. A key component of family medicine is effective communication, which has a significant impact on patients' experiences and opinions in various healthcare systems. [52] Patients in the Netherlands report higher levels of satisfaction when doctors listen intently and clearly explain issues, and communication between family doctors and patients is viewed as essential to fostering trust, shared decision-making, and treatment continuity (Bensing, 2000). [53] Similar to this, (Ghosh, Joshi & Ghosh, 2020) found that effective physician-patient communication was associated with improved health outcomes, treatment adherence, and emotional well-being in Canada, especially in primary care settings where long-term relationships are common. These findings from numerous countries suggest that good communication is not only a mark of professionalism but also a crucial component of positive patient experiences and the effective delivery of public healthcare through family medicines.

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## 5. Conclusion

This scoping review highlights that patients' perceptions and experiences of family medicine practice are central to the performance of public healthcare service delivery in Nigeria. The evidence indicates that continuity of care, comprehensiveness, affordability, accessibility, effective communication, and respectful doctor-patient relationships are the major factors shaping patient satisfaction and trust in family medicine services.

Family medicine emerged from this review as a critical component of public healthcare provision, not only because of its role in first-contact care and care coordination, but also because of its contribution to preventive care, health promotion, chronic disease management, and timely referral within the wider health system. Positive patient experiences of family medicine can therefore improve healthcare utilization, promote adherence, and strengthen confidence in public health services.

At the same time, the review identifies persistent barriers, including long waiting times, uneven access, infrastructure limitations, and service inefficiencies, which may weaken patient experience and reduce the impact of family medicine practice. Addressing these challenges is necessary to maximize the contribution of family medicine to national health system performance.

In summary, family medicine remains a vital driver of accessible, equitable, and patient-centred public healthcare delivery in Nigeria. Greater investment in service quality, workforce support, and patient-responsive care models will be important for strengthening its role in improving population health outcomes.

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## Compliance with ethical standards

### *Disclosure of conflict of interest*

The authors declare no conflict of interest in the preparation and publication of this article.

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## References

- [1] Bright, D., Worley, M. and Porter, B.L., (2021). Patient perceptions of pharmacogenomic testing the community pharmacy setting. *Research in Social and Administrative Pharmacy*, 17(4), pp.744-749. Available at: <http://doi.org/10.1016/>Accessed: 26th November 2024
- [2] Key, T., Kulkarni, A., Kandhari, V., Jawad, Z., Hughes, A. and Mohanty, K., 2021. The patient experience of inpatient care during the COVID-19 pandemic: exploring patient perceptions, communication, and quality of care at a university teaching hospital in the United Kingdom. *Journal of patient experience*, 8, p.2374373521997742. Available at: <http://doi.org/10.1177/2374373521997742> [Accessed: 26th February 2025]
- [3] Elliott, T., Tong, I., Sheridan, A. and Lown, B.A. (2020). Beyond convenience: patients' perceptions of physician interactional skills and compassion via telemedicine. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*,

- 4(3), pp.305-314. PMID:PMC7283934PMID 32542222. Available at: <http://doi.org/10.1016/> [Accessed: 14th February 2025]
- [4] Waweru, E., Sarkar, N.D., Ssenooba, F., Gruenais, M.E., Broerse, J. and Criel, B. (2019). Stakeholder perceptions on patient-centered care at primary health care level in rural eastern Uganda: A qualitative inquiry. *PloS one*, 14(8), p.e0221649. Available at: <http://doi.org/10.1371/> [Accessed: 26th February 2025]
- [5] Hassen, L.M., Almaghlouth, I.A., Hassen, I.M., Daghestani, M.H., Almohisen, A.A., Alqurtas, E.M., Alkhalaf, A., Bedaiwi, M.K., Omair, M.A., Almogairen, S.M. and Alarfaj, H.F., 2020. Impact of COVID-19 outbreak on rheumatic patients' perceptions and behaviors: A cross-sectional study. *International journal of rheumatic diseases*, 23(11), pp.1541-1549. Available at: <http://doi.org/10.1111/1756-185X.13959> [Accessed: 26th March 2025]
- [6] Gotlib Conn, L., Tahmasebi, H., Meti, N., Wright, F.C., Thawer, A., Cheung, M. and Singh, S. (2021). Cancer treatment during COVID-19: A qualitative analysis of patient-perceived risks and experiences with virtual care. *Journal of Patient Experience*, 8, p.23743735211039328. Available at: <http://doi.org/10.1177/23743735211039328> [Accessed: 13th March 2025]
- [7] Huang, Y.M., Shiyanbola, O.O., Chan, H.Y. and Smith, P.D., 2020. Patient factors associated with diabetes medication adherence at different health literacy levels: a cross-sectional study at a family medicine clinic. *Postgraduate Medicine*, 132(4), pp.328-336. Available at: <http://doi.org/10.1080/00325481.2020.1749499> [Accessed: 26th March 2025]
- [8] Desveaux, L., Saragosa, M., Kithulegoda, N. and Ivers, N.M., (2019). Family physician perceptions of their role in managing the opioid crisis. *The Annals of Family Medicine*, 17(4), pp.345-351. Available at: <http://doi.org/10.1370/afm.2413> [Accessed: 26th April 2025]
- [9] Monjok E, Smesny A, Essien EJ. (2010). The specialty of general medical practice/family medicine: the need for development in Nigeria. *Niger J Clin Pract.* 13(3):356–358. [online]. Available: <https://pubmed.ncbi.nlm.nih.gov/20857803/>[Accessed: 5th July 2025]
- [10] Finley, C. R., Chan, D. S., Garrison, S., Korownyk, C., Kolber, M. R., Campbell, S., Eurich, D. T., & Lindblad, A. J. (2018). What are the most common conditions in primary care? Systematic review. *Canadian Family Physician*, 64(11), 832–840.
- [11] American Board of Family Medicine. (2009). The scope of family medicine practice. *Journal of the American Board of Family Medicine*, 22(1), 1–3. <https://doi.org/10.3122/jabfm.2009.01.080190>
- [12] Osiyemi A, Fasola O, Anjorin I, Adeyemo O, Ilori T. (2020). Interest in family medicine specialization among medical undergraduates of the University of Ibadan, Nigeria. *Ann Ib Postgrad Med.* 18(2):135–140. [online]. Available: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8369405/> [Accessed: 4th July 2025]
- [13] Oseni TIA, Salam TO, Fatusin AJ. (2021). Contributions of family physicians to health care services in Nigeria. *Afr J Prim Health Care Fam Med.* 13(1):e1–e3. [online]. Available: <https://doi.org/10.4102/phcfm.v13i1.2943> [Accessed: 18th May 2025]
- [14] Awolayo, O. A. (2019). Impacts of Select Sociocultural Practices on Maternal Mortality in Nigeria: A Scoping Review [online]. Available: <https://harvest.usask.ca/bitstream/handle/10388/12528/AWOLAYO-THESIS2019.pdf?isAllowed=y&sequence=1> [Accessed: 2nd June 2025]
- [15] Munn Z, Peters MDJ, Stern C, et al. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol.* 18:143. [online]. Available: <https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-018-0611-x> [Accessed: 2nd June 2025]
- [16] Tricco AC, Lillie E, Zarin W, O'Brien K, Colquhoun H, Kastner M, ... Straus SE. (2016). A scoping review on the conduct and reporting of scoping reviews. *BMC Med Res Methodol.* [online]. Available: <https://link.springer.com/article/10.1186/s12874-016-0116-4> [Accessed: 18th May 2025]
- [17] Arksey, H., & O'Malley, L. (2005). Scoping Studies: Towards a Methodological Framework. *International Journal of Social Research Methodology: Theory & Practice*, Vol. 8(1), pp. 19–32 [online]. Available: <https://tandfonline.com/doi/abs/10.1080/1364557032000119616> [Accessed
- [18] Peters MDJ, Godfrey CM, McInerney P, Soares CB, Khalil H, Parker D. (2017). Methodology for JBI scoping reviews. *The Joanna Briggs Institute Reviewers' Manual.* [online].

Available:[https://www.researchgate.net/publication/319713049\\_2017\\_Guidance\\_for\\_the\\_Conduct\\_of\\_JBI\\_Scoping\\_Reviews](https://www.researchgate.net/publication/319713049_2017_Guidance_for_the_Conduct_of_JBI_Scoping_Reviews) [Accessed: 11th April 2025]

- [19] Kokorelias KM, Gignac MAM, Naglie G, Cameron JI. (2019). Towards a universal model of family centered care: a scoping review. *BMC Health Serv Res.* 19:564. [online]. Available: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4394> [Accessed: 25th April 2025]
- [20] Mahmoud AB, Ekwere T, Fuxman L, Meero AA. (2019). Assessing patients' perception of health care service quality offered by COHSASA-accredited hospitals in Nigeria. *SAGE Open.* 9(2). [online]. Available: <https://journals.sagepub.com/doi/full/10.1177/2158244019852480> [Accessed: 16th May 2025]
- [21] Ogaji DS, Giles S, Daker-White G, Bower P. (2016). Findings and predictors of patient-reported experience of primary health care in Nigeria. *J Patient Exp.* 3(3):69–80. [online]. Available: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5513649/> [Accessed: 25th May 2025]
- [22] Malcolm CE, Wong KK, Elwood-Martin R. (2008). Patients' perceptions and experiences of family medicine residents in the office. *Can Fam Physician.* 54(4):570–571.e5716. [online]. Available: <https://pubmed.ncbi.nlm.nih.gov/18411387/> [Accessed: 23rd July 2025]
- [23] Koce FG, Randhawa G, Ochieng B. (2020). A qualitative study of health care providers' perceptions and experiences of patients bypassing primary healthcare facilities: a focus from Nigeria. *J Glob Health Rep.* 4:e2020073. [online]. Available: <https://www.joghr.org/article/14138> [Accessed: 6th June 2025]
- [24] Flinkenflögel, M., Sethlare, V., Cubaka, V. K., Makasa, M., Guyse, A., & De Maeseneer, J. (2020). A scoping review on family medicine in sub-Saharan Africa: practice, positioning and impact in African health care systems. *Human resources for health.* [online] Available: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7126134/> [Accessed: 16th June 2025]
- [25] Yakubu K, Hoedebecke K, Pinho-Costa L, Popoola O, Okoye I. (2017). A qualitative study of young Nigerian family physicians' views of their specialty. *South Afr Fam Pract.* [online]. Available: <https://doi.org/10.1080/20786190.2017.1292692> [Accessed: 28th May 2025]
- [26] Schoen, C., Osborn, R., Doty, M. M., Bishop, M., Peugh, J., & Murukutla, N. (2007). Toward higher-performance health systems: Adults' health care experiences in seven countries. *Health Affairs,* 26(6), w717–w734. <https://doi.org/10.1377/hlthaff.26.6.w717>
- [27] Ahmed, Zuhur Hassan, (2023) "Exploring the Perception of Patients, Providers, and Healthcare Leaders of the 15-20 Minute Primary Care Visit". *Walden Dissertations and Doctoral Studies.* [online]. Available:<https://scholarworks.waldenu.edu/dissertations/13944> [Accessed: 18th June 2025]
- [28] Levesque JF, Harris MF, Russell G. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health.* 12:18. [online]. Available: <https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-12-18> [Accessed: 13th April 2025]
- [29] Starfield B, Shi L, Macinko J. (2005). Contribution of primary care to health systems and health. *Milbank Q.* [online]. Available: <https://pubmed.ncbi.nlm.nih.gov/16202000/> [Accessed: 4th May 2025]
- [30] Kruk ME, et al. (2010). Primary care functioning in resource-poor settings. *Health Aff.* 29(3):614–621. [online]. Available: <https://www.scirp.org/journal/journalcitations?journalid=65> [Accessed: 20th May 2025]
- [31] Haggerty JL, Reid RJ, Freeman GK, Starfield BH, Adair CE, McKendry R. (2003). Continuity of care: a multidisciplinary review. *BMJ.* 327(7425):1219–1221. [online]. Available: <https://pubmed.ncbi.nlm.nih.gov/14630762/> [Accessed: 18th June 2025]

- [32] Mash B, et al. (2015). How to manage patients with multiple chronic conditions in family medicine. *S Afr Fam Pract.* 57(1):35–38. [online]. Available: <https://doi.org/10.1080/20786190.2015.1027163> [Accessed: 9th May 2025]
- [33] Ohta R, Ueno A, Kitayuguchi J, Moriwaki Y, Otani J, Sano C. (2021). Comprehensive care through family medicine: improving the sustainability of aging societies. *Geriatrics (Basel).* 6(2):59. [online]. Available: <https://pubmed.ncbi.nlm.nih.gov/34199871/> [Accessed: 28th May 2025]
- [34] Hutchison B, Levesque JF, Strumpf E, Coyle N. (2011). Primary health care in Canada: systems in motion. *Milbank Q.* 89(2):256–288. [online]. Available: <https://doi.org/10.1111/j.1468-0009.2011.00628.x> [Accessed: 6th April 2025]
- [35] Bodenheimer, T., & Pham, H. H. (2010). Primary care: current problems and proposed solutions. *Health affairs (Project Hope)*, 29(5), 799–805 [online]. Available: <https://doi.org/10.1377/hlthaff.2010.0026>
- [36] Epstein, R. M., Franks, P., Shields, C. G., Meldrum, S. C., Miller, K. N., Campbell, T. L., & Fiscella, K. (2005). Patient-centered communication and diagnostic testing. *Annals of family medicine*, 3(5), 415–421. [online] Available: <https://pubmed.ncbi.nlm.nih.gov/16189057/> [Accessed: 12th May 2025]
- [37] Starfield B. (1994). Is primary care essential? *Lancet.* [online]. Available: [https://doi.org/10.1016/s0140-6736\(94\)90634-3](https://doi.org/10.1016/s0140-6736(94)90634-3) [Accessed: 30th April 2025]
- [38] Macinko J, Harris MJ. (2015). Brazil's family health strategy—delivering community-based primary care in a universal health system. *N Engl J Med.* 372(23):2177–2181. [online]. Available: <https://doi.org/10.1056/NEJMp1501140> [Accessed: 19th June 2025]
- [39] Family Physicians S. A. A. O. (2022). The contribution of family physicians to district health services in South Africa: A national position paper by the South African Academy of Family Physicians. *South African family practice : official journal of the South African Academy of Family Practice/Primary Care*, 64(1), e1–e7. [online] Available: <https://doi.org/10.4102/safp.v64i1.5473> [Accessed: 16th July 2025]
- [40] Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, Jordan J. (2003). The impact of patient-centered care on outcomes. *J Fam Pract.* [online]. Available: <https://pubmed.ncbi.nlm.nih.gov/12292586/> [Accessed: 9th May 2025]
- [41] Calnan, M., & Rowe, R. (2006). Researching trust relations in health care: conceptual and methodological challenges—an introduction. *Journal of Health Organization and Management*, 20(5), 349–358 [online] Available: <https://doi.org/10.1108/14777260610701803> [Accessed: 11th May 2025]
- [42] Thorne SE, Kuo M, Armstrong EA, McPherson G, Harris SR, Hislop TG. (2005). 'Being known': patients' perspectives of the dynamics of human connection in cancer care. *Psychooncology.* [online]. Available: <https://doi.org/10.1002/pon.945> [Accessed: 11th May 2025]
- [43] Peters, D. H., Garg, A., Bloom, G., Walker, D. G., Brieger, W. R., & Rahman, M. H. (2008). Poverty and access to health care in developing countries. *Annals of the New York Academy of Sciences*, 1136(1), 161–171. <https://doi.org/10.1196/annals.1425.011>
- [44] Aregbeshola, B. S., & Khan, S. M. (2017). Primary Health Care in Nigeria: 24 Years after Olikoye Ransome-Kuti's Leadership. *Frontiers in public health.* [online]. Available: <https://doi.org/10.3389/fpubh.2017.00048> [Accessed: 13th July 2025]
- [45] <https://doi.org/10.3389/fpubh.2017.00048> [Accessed: 13th July 2025]
- [46] Gulliford M, Figueroa-Munoz J, Morgan M, Hughes D, Gibson B, Beech R, Hudson M. (2002). What does 'access to health care' mean? *J Health Serv Res Policy.* 7(3):186–188. [online]. Available: <https://doi.org/10.1258/135581902760082517> [Accessed: 12th May 2025]
- [47] Ogunbekun I, Ogunbekun A, Orobato N. (1999). Private health care in Nigeria: walking the tightrope. *Health Policy Plan.* 14(2):174–181. [online]. Available: <https://doi.org/10.1093/heapol/14.2.174> [Accessed: 7th June 2025]

- [48] Goddard, M., & Smith, P. (2001). Equity of access to health care services: theory and evidence from the UK. *Social science & medicine* (1982), 53(9), 1149–1162. [online] Available <https://pubmed.ncbi.nlm.nih.gov/?term=Equity+of+access+to+health+care+services%3A+Theory+and+evidence+from+the+UK.+Social+Science+%26+Medicine> [Accessed: 27th June 2025]
- [49] Uzochukwu BS, Ughasoro MD, Etiaba E, Okwuosa C, Envuladu E, Onwujekwe OE. (2015). Health care financing in Nigeria: implications for achieving universal health coverage. *Niger J Clin Pract.* [online]. Available: <https://pubmed.ncbi.nlm.nih.gov/26096239/> [Accessed: 23rd May 2025]
- [50] Rao M, Rao KD, Kumar AK, Chatterjee M, Sundararaman T. (2011). Human resources for health in India. *Lancet.* [online]. Available: [https://doi.org/10.1016/S0140-6736\(10\)61888-0](https://doi.org/10.1016/S0140-6736(10)61888-0) [Accessed: 14th April 2025]
- [51] Agha, Z., Schapira, R. M., Laud, P. W., McNutt, G., & Roter, D. L. (2009). Patient satisfaction with physician-patient communication during telemedicine. *Telemedicine journal and e-health: the official journal of the American Telemedicine Association* Available:<https://doi.org/10.1089/tmj.2009.0030>[Accessed: 16 July 2025]
- [52] Zolnieriek KB, Dimatteo MR. (2009). Physician communication and patient adherence to treatment: a meta-analysis. *Med Care.* [online]. Available: <https://doi.org/10.1097/MLR.0b013e31819a5acc> [Accessed: 1st June 2025]
- [53] Bensing J. (2000). Bridging the gap. The separate worlds of evidence-based medicine and patient-centered medicine. *Patient education and counseling*, 39(1), 17–25. Available: [https://doi.org/10.1016/s0738-3991\(99\)00087-7](https://doi.org/10.1016/s0738-3991(99)00087-7) [Accessed: 13th May 2025]
- [54] Ghosh AK, Joshi S, Ghosh A. (2020). Effective patient-physician communication – A concise review. *J Assoc Physicians India.* 68(6):53–57. [online]. Available: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8293036/> [Accessed: 24th April 2025]
- [55] Bitton, A., Martin, C., & Landon, B. E. (2010). A nationwide survey of patient centered medical home demonstration projects. *Journal of general internal medicine*, 25(6), 584–592 [online].
- [56] Available: <https://pubmed.ncbi.nlm.nih.gov/20467907/> [Accessed: 25th May 2025]
- [57] Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, Jordan J. (2000). The impact of patient-centered care on outcomes. *J Fam Pract.* [online]. Available: [https://www.researchgate.net/publication/12292586\\_The\\_Impact\\_of\\_Patient-Centered\\_Care\\_on\\_Outcomes](https://www.researchgate.net/publication/12292586_The_Impact_of_Patient-Centered_Care_on_Outcomes) [Accessed: 6th May 2025]