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Perceived benefits and barriers to exercise among Jordanian University students

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Introduction & Aim: Insufficient physical activity is a risk factor for many non communicable diseases. Perceived benefits and barriers to exercise are important factors that affect individuals' engagement in physical activity. The purpose of this study was to examine Jordanian University students perceived benefits and barriers to exercise.

Material & Methods: This cross-sectional descriptive study used Exercise Benefits/Barriers Scale to examine perceived benefits and barriers of exercise in a convenience sample (N=525) of university students in Jordan.

Results: The mean age of the students was 20.7 ± 2.4 years and 71.8% of the students were female. Participants reported significantly higher perceived barriers to exercise than perceived benefits from exercise ($t(523) = 27.9, p < 0.001$). "I am too embarrassed to do exercise" was the most important perceived barrier to exercise. "I will live longer if I exercise and exercising increases my acceptance by others" were the most important perceived benefits from exercise.

Conclusion: Physical activity and promotion programmes designed for university students should assist them to overcome any perceived barriers, and to further highlight the multiple health and other benefits of regular exercising.

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Time for a change

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15 months ago a group of about 15 GPs started an initiative to bring light to the growing frustration of Dutch doctors with bureaucratic, tick-box medicine and their inability to address this daily problem through negotiations with health insurance companies. Within 3 months, 75% of all registered Dutch GPs had signed a web-based petition: "Manifesto of the Concerned Family Doctor" endorsing the importance of this initiative. This grass roots movement led to a national debate involving all stakeholders, attended by the Dutch Minister of Health and with a live public webcast. The minister accepted the importance of the issues raised and put all stakeholders to work with a deadline of three months to formulate proposals to solve these problems. Since last summer, several groups have worked on the three issues that need to be addressed if we are to strengthen daily integrated care for patients and support, motivate and inspire family doctors to bring an end to market-based competitiveness in family doctor medicine, stop unnecessary administrative rules and tick-box medicine and redesign a family doctor quality system based on trust and clinically-based principals. Over the last 9 months there has been a lot of improvement in all three areas, but it remains hard to overcome the core differences in the mind sets of the two systems: doctors do their best to work in a patient-oriented way using medically-based values, whereas the health insurance companies apply financially-based principles, focus on efficiency and have a tendency to distrust the medical system. A lot of work still needs to be done if we are to achieve a brighter future. We have analysed some of the elements we believe helped ensure the success of our initiative and that we feel might be of use to other comparable movements in this area.

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