Can Social Capital Play a Role in Contracting Services of Family Doctors in China? Reflections Based on an Integrative Review.

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Abstract

Background: The family doctors' contract service problem is not about government management alone, but an interaction of a complex social environment. Consequently, the effect of contracted services of family doctors not only depends on policy incentives but also needs to win the participation, acknowledgement, and confidence of community residents. The purpose of this integrative review is to examine whether there is any significant evidence that social capital in the form of social networking groups and other forms of social groups have any positive impact on the acceptance and the effectiveness of family doctors' contractual services.

Method: Research on qualitative, quantitative and hybrid methods published in peer-reviewed journals on the social capital role in the process of contract service of family doctors were eligible for inclusion. In view of the increasing attention paid to the contract service effect of family doctors during this period, a 10-year time scale was selected to ensure full coverage of relevant literature in the same period. In total, 809 articles were determined in the database retrieval results which were downloaded and transferred to the Mendeley reference application software.

Results: Twelve articles met the inclusion criteria for this integrative review and the quality of the included studies were assessed using the published criteria for the critical appraisal of quantitative and qualitative research methods. Majority of the articles assessed reported that there was evidence of a positive link between social support, especially a sense of belonging and the presence of regular family doctors. The influencing factors of patients' contract behavior of studies conducted in China were social interaction of social capital, acceptance of the first contact in the community, year of investigation, and exposure to the public.

Conclusion: The family doctor system should take the community as the carrier, integrate various social resources, improve the doctor-patient relationship, cultivate social network groups in the community, and accelerate the development of community construction, social capital (social network groups) can guide residents to use family doctor services to maintain health. Social capital can also help residents have a regular and reliable family doctor.

Background

The introduction of the family doctor system in China's medical healthcare system continues to play an important role. The experiences from the British general practitioners (GPs) system show that to be successful in establishing the family doctor system involves four elements, (i.e. sound personnel, effective incentive methods, smooth referral channels, and service-oriented residents' needs). At present, the localization process of these four elements of family doctors' system in China is comparatively weak (Wilson, Roland, & Ham, 2006). How to advertise the acceptance of the family doctors' system has become a very urgent problem. The contract service of family doctors has a great influence on the ability of health service at the grass-roots level, and its effectiveness and accessibility are the keys to the realization of universal health coverage (Ekawati et al., 2017).

Indeed, the experiences gathered from developed countries show that the family doctors' system implementation is the gatekeepers of primary health services and guarantee the right to health for all people (Pedersen, Andersen, & Snødergaard, 2012). Therefore, since May 2016, the Chinese government has expansively promoted the contracted services of family doctors throughout the country and made it the main task of expanding the transformation of the clinical care and healthcare system in this new era (Junpeng & Xian, 2019). On the 18th of December, 2017, the "Xinhua News Agency" made a fake report of "more than 500 million people in China had their own family doctors" engrossed extensive attention and dialogue. Subsequently, a spokesman for the Ministry of Health confirmed the accuracy of the data and explained it.

He said that the current signing service is based on the most urgent needs of people (the elderly, pregnant women, children, disabled people, etc.), so the signing rate of the general population will be lower than that of the key population (Shang et al., 2019). Most residents have a low awareness of the contracted services of family doctors. Although some residents have signed the family doctor service contracts, they have not enjoyed the services yet (Binder, 2007). The high requirement by the government on the signing rate and assessment indicators has led to many family doctors paying too much attention to the number of signed services and neglecting the quality of signed services (Campbell, McDonald, & Lester, 2008). Therefore, the focus of contracted services of family doctors should be shifted to improving the quality and efficiency, as well as constantly improving the residents' sense of access and satisfaction to contracted services (Campbell et al., 2008). The insufficient number of family doctors is considered to be the main problem affecting the contracted service effect of family doctors in China (Jing et al., 2015a; Shang et al., 2019). In recent years, the 'Chinese government' has committed immeasurable importance to the construction of family doctors and the rich service content, but the effect is not ideal (Shang et al., 2019). Notably, the problem faced by contracted family medical doctors' services is not the issue of government management alone, but as a result of the multiple conflicts of interest and the interaction of a complex social environment.

Consequently, the effect of contracted services of family doctors not only depends on policy incentives but also needs to win the participation, acknowledgement, and confidence of community residents (Shang et al., 2019). Social capital is proving to be an effective way of resolving social issues such as the restriction of community health resources, the lack of service motivation, the lack of social participation and so on. Therefore, social capital will have an impact on the effect of contracted services of family doctors (Jing et al., 2015b; Pasgaard et al., 2018; Shang et al., 2019). This review summarizes the qualitative and quantitative results from articles and the effective impact of social capital (social network groups) in the contracted services of family doctors and its applicability in China. This paper also reviews the influence of social capital on the form and effect of family doctor services. To further explore the mechanism and management of social capital in the contracted services of family doctors.

Methods

This particular integrative review was steered by Whittemore and Knafl's (Whittemore & Knafl, 2005) comprehensive methodology review outline, which combined both quantitative and qualitative study findings on targeted topics and provides a comprehensive understanding of the review issues. The framework includes five stages, such as identification of the research problem, articles retrieval, evaluation of the data retrieved, analysis of the retrieved data, and the presentation of the findings (Noonan, Doody, Jomeen, O'Regan, & Galvin, 2018).

Identification of the problem

The purpose of the study is to examine whether there is any significant evidence that social capital in the form of social networking groups and other forms of social groups have any positive impact on the acceptance and the effectiveness of family doctors' contractual services. It also seeks to recommend any practical learning suggestions that can be applied to medical management projects, such as the family doctor services policy development in China.

Objectives

The main purpose of this integrative review is to thoroughly identify, select, evaluate/examine critically, and synthesize articles on social capital which can positively affect the effect of family doctor's contract services.

Literature search

Presently, the family doctors in China are mainly composed of GPs, so the definitions of these two kinds of subjects are similar. From January 2009 to October 2019, healthcare management topic titles (about family doctors and social capital), precise database titles, keywords and thesaurus were used to search the electronic database together by the use of truncation, synonyms and Boolean operators, (Table 1). The database searched include Medline, Web of Science, Science Direct and PubMed. Research on qualitative, quantitative and hybrid methods published in peer-reviewed journals on the social capital role in the process of contract service for family doctors was eligible for inclusion. In view of the increasing attention paid to the contract service effect of family doctors during this period, a 10-year time scale was selected to ensure full coverage of relevant literature in the same period.

Table 1: Terms used for the literature search

Article Search Terms
"family doctor" OR "family physician" OR "general practice" OR "general practitioner" OR "family practice" OR "social capital" OR "social network" OR "family doctor" AND "social capital" OR "primary care" AND "social capital" OR "family physician" AND "social capital" OR "service form for family doctor" OR "service results for family doctor"

In total, 809 articles were determined in the database retrieval results which were downloaded and transferred to the Mendeley reference application software. Repeated articles (353) were deleted after which all the authors reviewed the copies of the papers and discussed their differences until a consensus was reached. After deliberation, 456 articles were further deleted. Article titles and their summaries were examined by XX and HAA for their importance based on the exclusion and inclusion criteria. After the screening, the two authors discussed their outcome with the other authors and 31 articles were selected for full-text assessment. On this basis, the authors further screened the above-mentioned articles around the research topic and objectives and forwarded 12 papers for analysis (figure 1).

Data extraction and evaluation

The assessment of the 12 full-text articles composed of 2 level evaluations.

- The first stage evaluation involved the exclusion of studies using the layout for the exclusion and inclusion criteria rules. In this level, 12 articles were selected based on the inclusion criteria. These comprise of 1 qualitative and 11 quantitative studies as indicated in (Fig. 1). Data were extracted on the study objectives, sampling strategy, sample size, study design, data collection technique, strengths and limitations, key findings, and analytical approach of the studies (Table 2).

The evaluation of the second level involved the critical appraisal (XX, ZLL, HAA, and JOM) to determine the methodological quality of the included studies. Due to the variety of methodologies and designs, two method-specific tools were identified to assess the quality of evidence. For qualitative studies, the Critical Appraisal Skills Programme (CASP) ("Critical Appraisal Skills Programme. Available from: <https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist.pdf>. Accessed 12 2019.," n.d.) tool was used (Table 3) and the Rees et. al. (Rees, Beecroft, & Booth, 2015a) survey checklist (Table 4) was utilized for cross-sectional studies. Each criterion was recorded as "Yes" or "No" or "Clear" or "Unclear" and results of appraisal were discussed between XX, ZLL, HAA and JOM with discrepancies resolved by consensus. Overall studies were found to be of good methodological quality with the only qualitative study recording nine out of the ten appraisal criteria (Table 3) and quantitative studies recording between 11 and 14 of the total appraisal score (Table 4). All the studies have

determined the research objectives, proved the appropriateness of the design, used a clear sampling strategy, made a clear statement of the research results, and outlined the value of its research. In terms of the quantitative studies, response rates varied between 65.5% (Pasgaard et al., 2018) to 97.75% (Shang et al., 2019) and only a study attempted to contact non-responders (Pasgaard et al., 2018). Most of the studies were limited to the purposive sampling method (Table 4). Four studies did not provide sufficient information to appraise the reliability of the measurement items (Table 4). Five of the quantitative studies were unclear regarding ethical approval or informed consent from an ethical committee (Table 4). Similarly, the conclusions of all quantitative studies are supported by data used for analysis, and the objectives of the study are described (Table 4). Qualitative research is valuable and provides details that fully consider the relationship between researchers and participants (Table 3).

Retrieved Data Analysis

In light of the heterogeneity of the literature contained, the results of each study were examined (Braun & Clarke, 2006), because conclusions can be drawn based on common factors (Lucas, Baird, Arai, Law, & Roberts, 2007). Procedures which were used to carry out the thematic examination were guided by Smith et al. (V. Smith, Begley, Clarke, & Devane, 2012), and Lucas *et al.* (Lucas et al., 2007).

Findings Presentation

The summary of the findings from the 12 studies included in the review is depicted in Table 2. The selected papers were mainly research works conducted in the USA (Gage-Bouchard, 2017; Yeo & Lee, 2019), Denmark (Due, Sandholdt, & Waldorff, 2017; Pasgaard et al., 2018), Canada (Bataineh, Devlin, & Barham, 2019; Devlin & Rudolph-Zbarsky, 2014), China (Jing et al., 2015b; Shang et al., 2019; Zhou, Verdery, Margolis, & Chen, 2018), UK (Greenwood, MacKenzie, Habibi, Atkins, & Jones, 2010), Germany (Dinkel, Schneider, Schmutzer, Brähler, & Häuser, 2016), and Italy (Calciolari, González-Ortiz, & Lega, 2017). Out of the eleven quantitative studies; seven of them were cross-sectional in nature (Calciolari et al., 2017; Devlin & Rudolph-Zbarsky, 2014; Dinkel et al., 2016; Due et al., 2017; Greenwood et al., 2010; Shang et al., 2019; Zhou et al., 2018); two were based on data extracted from a cohort studies (Dinkel et al., 2016; Pasgaard et al., 2018) and the other two studies were based on longitudinal data (Bataineh et al., 2019; Yeo & Lee, 2019). The sample size of these studies varied from 78 to 4682 respondents. A study reported that Social capital may affect the ability of a General Practitioner to achieve his/her goals (Calciolari et al., 2017). Another study also reported social capital playing a significant role in the relationship between financial well-being and life satisfaction of the elderly (Yeo & Lee, 2019). The influencing factors of patients' contract behaviour of studies conducted in China were; age, education, social interaction of social capital, acceptance of the first contact in the community, year of investigation, and exposure to the public (Jing et al., 2015b; Shang et al., 2019; Zhou et al., 2018). Studies retrieved from Canada also reported that there was evidence of a positive link between social support, especially a sense of belonging and the presence of regular family doctors (Bataineh et al., 2019; Devlin & Rudolph-Zbarsky, 2014). The low level of social participation affected family doctor services while higher social participation was associated with lower loneliness in studies conducted in Denmark (Due et al., 2017; Pasgaard et al., 2018). The study from Germany linked the frequent visit of family doctors to their lower-income level (Dinkel et al., 2016). The sample size of the qualitative study was 80 participants, including 59 women and 21 men (Gage-Bouchard, 2017). This particular article reported on the examination of "how social support operated as a flexible resource that might help people navigate their health care system in their locality". The study used to interview and observational methods for data collection. The study also combined in-depth interviews and direct clinical interactions observations among families and their medical doctors. Descriptive and qualitative data were analyzed with the statistical software, NVivo version 8 (Gage-Bouchard, 2017). The results from this study reported

having improved the understanding of the mechanism that inspire the expansion and the distribution of the policies for steering the health care system. It further highlights the impact of social network support as a flexible resource that helped people met their organizational prospects for suitable involvement in health care (Gage-Bouchard, 2017).

[Please Insert Table 2 Here]

Table 3: Methodological quality of qualitative studies

Study	1	2	3	4	5	6	7	8	9	10	Total Scores
E. Gage-Bouchard, (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes	Clear	9/10

Keys: “1. Is there a clear statement of the purpose of the study?; 2. Whether the qualitative method is appropriate?; 3. Whether the research design is suitable for the research purpose?; 4. Whether the recruitment strategy is suitable for the purpose of research?; 5. Can data collection methods solve research problems?; 6. Whether the relationship between researchers and participants is fully considered?; 7. Whether moral issues are taken into consideration?; 8. Is data analysis rigorous enough?; 9. Whether there are clear findings?; 10. How valuable is this research?”

Table 4: Methodological quality of quantitative studies

Study	1a	2a	2b	2c	2d	3a	3b	3c	4a	4b	5a	6a	7a	8a	Total Scores
Jing et. al. (2015)	Y	Y	Y	Y	N	Y	Y	Unclear	Y	Y	Y	Y	Y	Clear	12/14
Pasgaard et. al. (2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Clear	14/14
Devlin et. al. (2014),	Y	Y	Y	N	N	Y	Y	Unclear	Y	Y	Y	Y	Y	Clear	11/14
Bataineh et. al. (2019)	Y	Y	Y	N	N	Y	Y	Unclear	Y	Y	Y	Y	Y	Clear	11/14
X. Shang et. al. (2019)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Clear	13/14
Greenwood et al. (2010)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Clear	13/14
Calciolari et. al. (2017)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Clear	13/14
Due, T. D., et. al. (2017)	Y	Y	Y	N	N	Y	Y	Unclear	Y	Y	Y	Y	Y	Clear	11/14
A. Dinkel et. al. (2016)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Clear	13/14
Z. Zhou et. al. (2018)	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Clear	12/14
J. Yeo and Y. Lee, (2019)	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Clear	12/14

Key:

Y – for Yes, N – for No. “A. Is the result valid? 1. Objectives: 1a. Is the research objective clear? **2.Design:2a.** Whether the study design is suitable for the target? **2b.** Does this theme represent all interested groups? **2c.** Whether it has obtained moral/ethical recognition? **2d.** Whether to take measures to contact non-responders? **3. Measurement and observation; 3a.** Whether it is clear what has been measured, how to measure and what the result is? **3b.** Is the measurement valid? **3c.** Is the measurement result reliable? **B What are the results; Presentation of results; 4a.** Whether the basic data is fully described? **4b.** Whether the results are clear, objective and detailed enough for the readers to make their own judgment? **Analysis; 5a.** Is the method used suitable for the collected data? **C Will the results help locally? 6Discussion; 6a** Is the outcome of the discussion related to the existing knowledge about the discipline and research objectives? **7Interpretation; 7a.** Is the author's conclusion confirmed by the data? **8Implementation; 8a** Can any necessary changes be implemented in practice?” Rees et al. (Rees, Beecroft, & Booth, 2015b)

Results

Identification of Social Capital/Network influence of Family Doctor acceptance

The theme identification of social capital /network influence of family doctor acceptance explores

- Benefits of having a family doctor
- Benefits of belonging to social capital or social network
- Influence of social capital or social network groups on accepting a family doctor
- Family doctor policies

Benefits of having a family doctor

GPs play a unique role in dealing with social relations and loneliness (Due et al., 2017). GPs identified the important influence of general practice in supporting patients but also wished to get more training and support (Greenwood et al., 2010). The family doctor is the first call point in an emergency situation. There is evidence that finding a regular family doctor can improve health (Bataineh et al., 2019). Better continuity and quality of care, as well as improved health, are some of the overall benefits of having a regular family doctor (Bataineh et al., 2019).

Benefits of belonging to social capital or social network group

Undoubtedly, in terms of quality of life, morbidity, and mortality, the community social network relationships are very vital for the people in the community. This applies especially to the elderly (Due et al., 2017). The health of the people in the community, as well as their social network groups, are interconnected. In recognition of this social fact, over the past decade, there has been increasing conceptual and empirical attention to the impact of social networks on health (K. P. Smith & Christakis, 2008). According to a study conducted by E. A. Gage-Bouchard (2017), most parents who received aids through their personal social networks were most comfortable in balancing their competing demands. This enabled them to effectively comply with their agencies' hopes of parents' proper participation in child care (Gage-Bouchard, 2017). In this way, social support provided some families with flexible resources, which enabled them to acclimatized to the needs of caring for children with cancer more quickly. It also raised a fruitful social relationship between parents and their medical care providers which played an active impact in the health of their children (Gage-Bouchard, 2017). Notably, quite a number of studies on social support and health have shown that emotional, logistical, information and financial support from personal networks enhance people's coping choices in managing serious diseases (K. P. Smith & Christakis, 2008; Thoits, 2011).

Influence of social capital or social network groups on accepting a family doctor

Some aspects of women's social capital groups are related to regular participation in the acceptance and use of GPs or family doctors (Pasgaard et al., 2018). On the contrary, men's social capital has nothing to do with their acceptance of family doctors or GPs. This shows that there are various and varied relationships between social capital and the gender of regular attendance (Pasgaard et al., 2018). In Zhejiang Province, China, for instance, the level of family doctor contract services (FDCS) awareness and the signing rate of family doctors are not the ideal, aside from that there is still a lot to be done for further improvement (Shang et al., 2019). However, age, educational level and chronic medical history were some of the factors identified to be influencing residents' awareness of FDCS. Concurrently, residents' understanding of FDCS also affects their signing rate with family doctors. Surprisingly, patients who signed the agreement with the family doctors had a large request for FDCS. But the demand rate of residents with different social and demographic characteristics was different for different FDCS projects. Therefore,

this is a call for the government to strengthen the policy support, strengthen the propaganda, expand the service scope, and provide more attractive service items in order to encourage the expansion of FDCS in China (Shang et al., 2019). Residents should be allowed to choose a family doctor of their choice to sign the contract with. In addition, they should be allowed to also choose the projects they need when signing a contract with family doctors. The family doctors should also offer better services to the satisfaction and fulfilment of the residents (Shang et al., 2019).

There is evidence that a positive link exists between social support (especially a sense of belonging) and maintaining a consistent medical doctor (Devlin & Rudolph-Zbarsky, 2014). There is also evidence that shows a significant positive causal association between social capital and the likelihood of attaining a regular family doctor (Bataineh et al., 2019). Nevertheless, social capital was reported by a study as being much more important to helping individuals to find family doctors than to keeping them (Bataineh et al., 2019). Undoubtedly, the influence of social capital (social networking groups) in the relationship between economic well-being and the life satisfaction of the elderly was statistically significant (Yeo & Lee, 2019). It is worth noting that obtaining social capital through strong family relationships and active social networks may decide the life satisfaction of the elderly (Yeo & Lee, 2019).

Family doctor policies in China

Under the dual system of government guidance and market regulation, FDCS improves the quality of medical services through policy guidance and individual independent contracting (Shang et al., 2019). Based on the government-led contract to provide a certain limit of service content, standardize service pricing, maintain service order, and adjust the exclusive personalized service according to the market demand. This system not only produces a unique medical service model but also faces a huge Governance Dilemma of doctor-patient trust and risk resolution. In order to give social power, give full play to the effective role of social organizations, build an interactive, integrated and trusted network governance structure, and straighten out the role relationship between the government and the market, it has an important role in promoting the integration of market and social resources across borders and regions and promoting the social empowerment of the government. Therefore, this policy is considered to be an effective way to promote the development of family doctor relationship under contracted services.

Barriers to the FDCS acceptance

According to the family doctors or GPs, lack of time, resources and knowledge of inpatients or patients were some of the obstacles for patients or residents to accept the FDCS (Greenwood et al., 2010). GPs recognize that they also have a vital role to play in supporting residents (Greenwood et al., 2010). The promotion and coverage of FDCSs will be expanded, and personalized contract programs will be launched to meet the needs of different social network groups, so as to promote the rapid development of family doctor's contracts in all provinces of China (Shang et al., 2019). The factors that affect residents' trust and satisfaction are family doctors' medical service skills, residents' familiarity with family doctors, communication ability of family doctors, patients' medical care concept and medical environment of community hospitals (Chandra, Mohammadnezhad, & Ward, 2018). The other factors that influence the work attitude and activities of family doctors' services are work task and income level, the management of community health centre, and the understanding of their own occupation and service objective attitude (Chandra et al., 2018). The family doctor system should take the community as the carrier, integrate various social resources, improve the doctor-patient relationship, cultivate social network groups in the community, and accelerate the development of community construction. In addition to the support of hardware facilities and supporting policies,

social capital, and other soft environments are of great significance to the establishment of FDCS (Chandra et al., 2018)

Discussion

The main aim of this integrative review report is to determine if the benefits of social networking groups tend to help or enable residents to better understand the family doctors' policies and make them healthy by using FDCS. It is of no doubt that a solid family doctor-patient relation doesn't certainly prevent frequent visits to a doctor's office or to make appointments with a specialist. It does not also imply that GPs should not be concerned in building robust relationships with patients, as strong family doctor-patient relationships are related to other essential issues such as patients' compliance and satisfaction (Dinkel et al., 2016; Fuertes et al., 2007). Over the past 20 years, the issues of social capital have been linked to a diversity of healthcare outcomes such as causes of mortality (Islam, Merlo, Kawachi, Lindström, & Gerdtham, 2006; Moore & Kawachi, 2017). Social capital (interpersonal relationships) is a complicated imaginary structure with a very intricate pedigree (Moore, Haines, Hawe, & Shiell, 2006). In fact, the understanding of social capital can be seen as the actual or likely benefits that individuals can obtain through their social network, such as nursing, advice, emotional and financial support. Therefore, in terms of health care exploitation, we expect closer ties and greater impact on their behaviour. Due to the fact that health is often discussed with family members and other close confidants, leading to the use of informal resources, which may reduce the desire for formal medical healthcare. However, the relationship between social behaviour and health care utilization is complex. Frequent attendance is defined as a disproportionate amount of general practice consultation compared to the general public (Vedsted & Christensen, 2005). The evidence presented from various papers reviewed illustrates numerous ways in which personal health and good life affect the state of health and wellness of others (K. P. Smith & Christakis, 2008). The studies on the impact of social networks on health, the role of social support in determining individual health, and the spread of disease from one person to another have demonstrated the interconnectedness or interdependence of health among individuals in the society. In short, a person's illness, healthiness behaviour, infirmity, use of medical care facility, and death are related to similar outcomes in many other people that the person is associated with, and may have an abiotic spread of the disease. In the area of clinical and public health, the existence of social network health effects provides a strong theoretical and practical basis for the utilization and the healthiness of the people in the community. If a person's health outcome depends not only on his / her own biology and behaviour but also on the biology and behaviour of people around him/her, then collective intervention rather than individual intervention is particularly prominent. Social network groups exist to signify that individuals and events are interdependent, and health and healthcare can transcend individuals in ways that patients, doctors, decision-makers and researchers care about. The Chinese government vigorously promotes the family doctor policy, which requires everyone to have a family doctor. The number of family doctors is not enough. The family doctors in China currently composed of community GPs, retired doctors, and rural doctors. They need to work as GPs, so they don't have enough time and energy to work as family doctors. Because the government requires all residents to register family doctors, especially children and the elderly, many of them do not know that they have registered family doctors, and they do not know what benefits the family doctor system can bring to them.

Conclusion

From the results of the literature review, we found that social capital (social network groups) can guide residents to use family doctor services to maintain health. Social capital can also help residents have a regular and reliable family doctor. In addition, it can help the government to disseminate and promote family doctor policies through social network groups. For example, many scholars always suggest that the government spend more money,

increase family doctors and so on. However, our research report does not agree with their suggestions but advocates the understanding of social capital or social network groups on the concept of family doctor system, which can promote and encourage residents to fully register and use family doctor services.

Abbreviations

GPs: General Practitioners,

CASP: Critical Appraisal Skills Programme,

FDCS: Family Doctor Contract Service

Declarations

Ethics approval and consent to participate

Ethical approval was granted by the Ethics Committee of the Center for Health and Public Policy Research of Jiangsu University China and confirmed by the Jiangsu University. This was approved by the Zhenjiang Administration Bureau for Scientific and Industrial Research. Written consent to participate was obtained from the study participants. The questionnaire included an opening statement explaining the ethical responsibilities of confidentiality of data, the anonymity of respondents, and participants responsibility to opt-out of the study at any time. Respondent's decision to fill the questionnaire constituted their consent to participate in the research-informed.

Consent for Publication

"Not applicable"

Availability of Data and Materials

The data for this research is held by the authors and will be made available upon reasonable request

Competing Interest

The author declares that there is no conflict of interest amongst them

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Authors' Contributions

XX: Conceived the idea, collected the data, and revised the manuscript in line with the objectives. HAA: conducted the analysis of the data and drafted manuscript. LZ: is the supervisor of the project and sequentially aligned the parts of the research paper, AB: collected data and analyzed the data. TM: collected the data, conducted the analysis. All authors read and approved the final manuscript.

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Figures

Figure 1

The Prisma Flow Diagram