

Predisposing, enabling and reinforcing factors to preventive healthcare in general practice. A qualitative study based on interviews

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Background

In Belgium, success in implementing preventive care remains below expectations in various areas, often with a socioeconomic gradient, with poorer coverage for the disadvantaged. A greater involvement of GPs in preventive healthcare would be needed, but their means and desire to be implementers of public health policy is unknown.

Research question

What do GPs say about several preventive healthcare related determinants identified through a literature review?

Methods

We conducted ten semi-directed interviews with French-speaking GPs (purposive sampling). A literature review was carried out in order to choose the themes to be investigated:

- Definition of and place of preventive care within the practice;
- Organization of preventive care;
- Application of recommendations regarding preventive care in GP practice, influence of the doctor's faith in the preventive procedure;
- Place of GPs in the country's preventive care system;
- Ways of implementing preventive care assessment.

The content was analyzed in a thematic way with reference to the Walsh & McPhee systems model of clinical preventive care.

Results

Predisposing factors

Limitations were cited: taboo subjects, GPs' specific skills and interests. Equity was not a major concern.

Reinforcing factors

Media influence certain preventive actions. Self assessment was rare.

Preventive activities within a structured organization and contact with peers were valuable supports.

Internal enabling factors

Clinical and relational skills were sometimes lacking.

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The information sources were sometimes of poor quality.

The lack of organizational skills hinders collective management or systematization.

External enabling factors

Preventive processes are often introduced in an opportunistic way, or at patients' requests.

Data circulation between the various providers is poor. Direct GPs' involvement was better accepted than public health campaigns.

Conclusion

GPs are currently involved in preventive healthcare mainly in an opportunistic way at an individual level. Proactive behavior towards patients and organizational skills for collective management are underdeveloped.