

Het werk van de huisarts : resultaten van een functie-analyse in 93 huisartspraktijken

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SUMMARY

This thesis presents the results of a study concerning the functions of the general practitioner in the Dutch health care system. It relates his task-perception, the structural characteristics of his practise and its geographical location with the execution of his functions.

The origin of this study is described in chapter 1. The most important startingpoint is to be found in the policy of the Government which aims at strengthening of primary health care. The intended change in the functioning of the health care system is based on the supposed possibility of effective changes in the way the general practitioner executes his work.

The succes of such a policy is dependent upon the extent to which the general practitioner's work is influenced by the circumstances under which it is to be carried out.

The problem-statement is placed in the framework of the relevant literature in chapter 2. Previous studies in the Netherlands of the functioning of general practitioners appear to have been directed either at parts of their work only, or concern specific aspects of their medical performance. Moreover, data collection has in many instances been carried out in a very limited number of practices.

Relevant studies in other countries mostly concern output-measurements within the context of production functions and offer little comparable results for the Dutch situation.

It must be stated here that worthwhile references included in the present study pertain to parts of earlier research only.

The problem-statement is elaborated in chapter 3. A definition is given of the functions performed by the general

practitioner in the Dutch health care system. These functions are identified as: "diagnostics", "therapy", "attendance", "prevention", "referral". All these functions are described as sets of activities. Besides these functions, additional groups of activities are identified in order to cover the entire scope of the daily work. These categories are established as "conditions", "social contacts", "off duty" and "travelling time". These categories are also described as sets of activities. By dividing the general practitioner's work into these groups of activities, reference is made to the job description as issued by the Dutch professional group of general practitioners.

To establish the taskperception use is made of the following items:

- the scope of taskperformance,
- the level of diagnostics and therapy,
- the willingness to cooperate with other health care workers,
- the desired availability of time and supporting facilities.

The statements formulated with regard to these topics are used in the questionnaire that was presented to the general practitioners.

The research design and the manner in which it was executed are described in chapter 4. Observations of 93 general practitioners were conducted by medical observers, during a period of approximately 20 hours, per practitioner, spread over 4 days during a week. All the activities performed by the general practitioner during this period were recorded by means of a registration device which made it possible to ensure quick processing of all the data.

The questionnaire concerning the taskperceptions was not only presented to the 93 general practitioners investigated in the present study, but also to 614 general practitioners, who formed a representative national sample, according to characteristics relevant to this study.

The general practitioner's work and his tasks-perceptions are described in chapter 5. The relative time spent on the various functions and categories is presented, as well as the answers to the questions concerning taskperception.

These answers are clustered according to the division encountered in the representative sample.

It is evident from the data that diagnostics occupies a relatively large part of the general practitioners work and that, in comparison, prevention and attendance are only given a limited amount of time. Of the total number of patients who consult the general practitioner, an average of 10% is referred to other workers within the health care system. Referrals outside the health care system occur extremely rarely. A large amount of dispersion, in which little structure is found, turns out to be present in the task-perceptions. The clustered answers show conspicuous differences with regard to the extent of taskperformance. On the contrary, there is more unanimity regarding the level at which diagnostics and therapy should be administered.

An explanation for the variance in the relative time spent is given in chapter 6. The regression analyses by means of the structural and perception variables give an explained variance of 30% for "diagnostics", "therapy" and "conditions". The average patient-load, related to the size of the practice, appears to be of special importance for this explanation. This variable is not relevant for explaining the variance in relative time spent on activities for "prevention" and "attendance". In respect of these functions the practical experience of the general practitioner and the level at which he wishes to perform in diagnostics and therapy are important.

The number of referrals per 100 consultations decreases as the average number of patients per hour rises and the general practitioners experience increases.

Supporting health care facilities are only of significance for the diagnostic activities.

Collaboration within the primary health care system and a willingness to this end, lead to more time spent on "conditions" but has no influence on the remaining time allocation.

Chapter 7 describes the intervening effect of the opinion of the general practitioner on the extension of tasks to be performed.

A preference for tasks to be extended points at a more con-

sidered task performance, shown by less dependence upon the average patientload and more attention for "attendance", at the expense of a high diagnostic and therapeutic level. It is also shown that general practitioners with a broader perception of their task, spend more time on prevention when their experience increases.

The significance of the results of this study is discussed in chapter 8. It is submitted that the general practitioner depends considerably upon the average patient-load when allocating his time on the different activities. A shift in the pattern of time allocation in the direction of more attendance and more prevention can not be expected of structural measures. A more explicit attitude by the general practitioner with regard to his task will possibly be of more significance for this desired shift.

A decrease in the number of referrals to other health care workers can neither be expected of structural changes in the system, nor of stimulation towards structural collaboration within the primary health care sector.

Strengthening primary health care aiming at essential shifts in the taskperformance and decreasing the referral rate, should rather be expected from a change in the general practitioners taskperception than from structural measures.