



Acceptance of interventions to promote primary care: What do physicians prioritize?

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Abstract

Background

Switzerland is facing a shortage of primary care physicians (PCPs); government organizations therefore suggested a broad variety of interventions to promote primary care. The aim of the study was to prioritize these interventions according to the acceptance and perceived barriers of most relevant groups of physicians in this context (hospital physicians and PCPs).

Methods

The study was conducted during summer 2014. An online-based questionnaire assessed demographic data, working conditions and future plans. Participants were asked to rank the usefulness of 22 interventions to promote primary care. Interventions to promote primary care that received ratings of 4 or 5 on the Likert scale (corresponding to "useful" or "very useful") by at least 80 % of the participants were categorized as interventions with very high acceptance. We analyzed whether the groups (PCPs, hospital physicians) ranked the interventions differently using the Mann-Whitney U test. We assumed a two tailed $p < 0.05$ after Bonferroni correction for multiple testing as statistically significant.

Results

Two hundred thirty physicians (response rate 58.4 %) completed the survey. Among those 69 PCPs and 66 hospital physicians were included in the analysis. Among those 14 PCPs were planning to leave clinical practice due to retirement, whereas only 8 hospital physicians planned a career as PCPs. Among PCPs the intervention with the highest acceptance was the increase of reimbursement, whereas family friendly measures achieved highest acceptance among hospital physicians. Financial support for primary care traineeships was considered to be very useful by both groups.

Conclusions

Interventions on PCPs close to retirement or on PCPs considering an early retirement will not adequately prevent shortage of primary care providers. Governmental interventions should therefore also aim at encouraging hospital physicians to start a career in primary care by governmental support for traineeships in primary care and investments in family friendly measures.