

Prevention in Flanders: How are GPs doing?

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Introduction & Aims

Flemish health policy = general practitioners (GPs) central role in prevention → Aim = identify relationships between Perceived importance of & Time spend on prevention and Demographic variables & Practice characteristics.

Methods

- Subjects** - All GPs in the province of Limburg, Flanders (N=744).
- Contacted at meetings of local professional organisations → response rate = 48,8%, n=363.
- Questionnaire** - Developed in collaboration with GPs of local governmental prevention agency.

Results

- Most GPs find prevention an important part of their task (table 1).
- Male & female GPs attach equal importance to prevention, but female GPs spend more time on it (table 1).
- The socio-economic hierarchy of the community of the practice has an effect on perceived importance and time spend on prevention (table 2).

Table 1. Distribution of GPs over perceived importance of and time spend on prevention.

		female	male	total
Importance	low	1,0	1,2	1,1
	average	12,9	18,3	16,8
	high	86,1	80,5	82,1
Time	<10%	8,9	25,2	20,4
	10-25%	59,4	55,8	56,9
	25-50%	27,7	16,5	19,8
	>50%	4,0	2,5	2,9
		chi ²	df	sig.
gender * importance		1,587	2	0,452
gender * time		14,477	3	0,002

Table 2. Distribution of GPs by perceived importance of and time spend on prevention over socio-economic hierarchy of the type of community.

	time spend on prevention				importance of prevention		
	<10%	10-25%	25-50%	>50%	low	average	high
Industrial	41,2	41,2	17,6	0,0	11,8	11,8	76,5
Farming	34,8	43,5	13,0	8,7	0,0	41,7	58,3
Urbanized	17,7	56,6	23,5	2,2	0,4	15,6	84,0
Living	20,3	64,6	11,4	3,8	1,2	13,3	85,5
Total	20,6	56,8	19,7	2,9	1,1	16,6	82,3
Statistics	chi ² =17,641, df=9, p=,040				chi ² =30,283, df=6, p=,000		

- The more important prevention is perceived to be, the more time is spend on it ($\rho=.378$, $p=.000$).
- The younger the GP, the more time is spend on prevention ($\rho=.148$, $p=.006$).
- The more sophisticated the filing-system, the higher the perceived importance of prevention ($\rho.142$, $p=.008$).
- The more GPs working in the practice, the more importance is given to prevention ($\rho=.200$, $p=.014$).

Discussion

Limitations:- No clear definition of prevention in GP-practice → alternative = inventory of specific preventive actions?
- Only 1 province in Flanders → limited generalisability.

Remark: - Feminisation of study may result in increased preventive actions by GPs in future.