

Review Article

Role of primary care physician in health promotion and education

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ABSTRACT

Undisputedly, healthy behaviours and lifestyles have a positive impact on health outcomes, and its individual, social, environmental, and cultural determinants are well understood. Primary care physicians can effectively intervene with patients to encourage healthy behaviour through numerous chances. Regular clinical practice includes health promotion as a necessary element. Health systems can support a person's health requirements through primary health care, including illness prevention, treatment, palliative care, and more. This approach also guarantees that the delivery of healthcare is centred on patients' needs and supports their preferences. Regular care must incorporate health promotion strategies if the healthcare system is to be effective. Giving individuals the information, they need to improve and take better control of their health is the goal of health promotion. Primary care physicians are the immediate contact with the community which makes them the ideal candidates for health promotion and education. The purpose of this research is to review the available information about the role of primary care physician in health promotion and education. Health promotion and education is necessary for the prevention of diseases as it aids in educating population regarding diseases and risk factors. Also, because of its accessibility to care and continuity of treatment, primary healthcare is in a prime position to potentially intervene to modify unhealthy habits. Primary care physicians being first line of contact plays a key role in this regard. Although further research is needed for the implementation of health promotion and education strategies by primary care physicians.

Keywords: Primary, Care, Health, Promotion

INTRODUCTION

Establishing a robust healthcare system that supports optimal health outcomes and health equity commences with primary care. Healthcare has undergone a paradigm shift over the past century, moving from a concentration on disease-oriented etiologies to an investigation of the interplaying effects of elements rooted in culture, ethnicity, policy, and environment. To serve the population's health requirements throughout such a shift, ongoing and integrated primary care services that are person/family-focused and community-oriented were required. Primary care is defined as necessary healthcare that is made widely available to people and families in the community using techniques that are acceptable to them and at a cost that the community and the country can afford to maintain at every stage of their growth in a spirit of self-reliance and self-determination. It is a key component of the community's general, social and economic growth as well as the nation's health system, of which it is the primary function. It is the first point of contact that people, families, and the community have with the health system, bringing healthcare as close to homes and places of employment as possible. It also serves as the first step in a continuous healthcare process.¹ Primary care physicians are essential and important elements in any high-quality healthcare delivery system. Long-term and ongoing care is provided by these physicians. In addition, they use a holistic approach and focus on the whole person rather than concentrating primarily on the disease.²

One of the main prerequisites for managing chronic diseases and preventing outbreaks is effective health promotion. Individuals, community organizations, health professionals, institutions providing health services, and governments all share responsibility for promoting health. Despite the fact that physicians often concentrate on diagnosing and treating illnesses after they have already occurred, they also play a vital part in integrating health promotion and disease prevention at all levels, including health improvement, risk reduction, early disease identification, and reduction of complications. By offering counselling services where they are expected to be updated with pertinent guidelines and making sure that their recommendations are backed by the greatest available evidence, they can play their part more effectively.³

Information about health education aims to change patient's attitude, values, and belief systems as well as their knowledge base. The result is a conscious personal choice to stop engaging in unhealthy behaviour altogether or to modify problematic behaviour that is already being displayed. One of two general strategies is chosen by the patient and the healthcare provider. When a patient already has a problem or illness, a medical approach may be used as a proactive and opportunistic method. Second, a preventative approach is a more pre-emptive strategy used when a patient is at risk if they continue with or adopt certain health-damaging behaviours but does not currently have a condition or disease.⁴

Nowadays, more than ever, public health issues require the use of health promotion. The global health situation is at a critical crossroads as a result of the burden of communicable diseases, newly developing and re-emerging diseases, as well as the extraordinary development of chronic non-communicable diseases.

The advancement of technology and other factors that promote progress and development in the modern world, such as urbanization, trade globalization, accessibility to international travel among certain others have a double-edged effect on health outcomes by encouraging sedentary behaviours and unhealthy eating habits, while also increasing vulnerability to poor health.⁵ Health promotion employs a holistic approach to encouraging health interventions, such as good nutrition and physical activity, as well as the detection and maintenance of the health of people with chronic conditions. The clinician's primary responsibility in health promotion is at the level of the individual and includes risk factor and illness screening, early treatment, guidance, counselling, and referral. By taking on positions at the organizational, societal, and governmental levels, primary care physicians can further expand their influence. Primary care physicians can lower disease risk factors through their roles' influence on people and settings.⁶

Due to their increasing financial clout, general physicians play a major role in developing and implementing health promotion strategies. The great majority of patients who visit their family physician might benefit from making the necessary lifestyle changes. However, there are differences in the quantity and calibre of health promotion activities in primary care, and many patients do not receive interventions. As per various reviews of researches, general practitioners' reluctance to engage in additional health promotion activities stems from both skepticisms regarding the link between behaviour and risk factors and a lack of faith in the effectiveness of health promotion in altering patient behaviour. Therefore, general practitioners need a greater proof of successful replicable treatments as well as sufficient training in program design and implementation if preventative work is to increase.⁷ The purpose of this research is to review the available information about the role of primary care physician in health promotion and education.

METHODS

This study was based on a comprehensive literature search conducted on October 12, 2022, in the Medline and Cochrane databases, utilizing the medical topic headings (MeSH) and a combination of all available related terms, according to the database. To prevent missing any possible research, a manual search for publications was conducted through Google Scholar, using the reference lists of the previously listed papers as a starting point. We looked for valuable information in papers that discussed the information about role of primary care physician in health

promotion and education. There were no restrictions on date, language, participant age, or type of publication.

DISCUSSION

Health systems are paying more attention to the promotion of healthy habits and the evaluation of their impacts, which is partly explained by the repercussions of tobacco, physical inactivity, and alcohol on morbidity and mortality in industrialized countries and the following resource expenditure. Primary healthcare has the accessibility to treatment and continuity of care attributes that put it in a significant position to potentially intervene to change these behaviours.⁸ Relationships and trends in healthy lifestyle promotion are illustrated in (Figure 1). The primary focus

of medicine transitioned in the 1990s from disease diagnosis and treatment to disease prevention and health promotion.

The primary objective of health promotion activities is to change people's general lifestyles and particular behaviours that are thought to be causal factors in the development and progression of disease. In this regard, clinicians have a dual function because they can be excellent role models for habits that promote health and also serve as advisors and educators for their patients on health-related issues. Physicians' interactions with patients will deteriorate if they do not set these positive examples for others to follow, also the goals of neighbourhood-wide health promotion will not be achieved.⁹

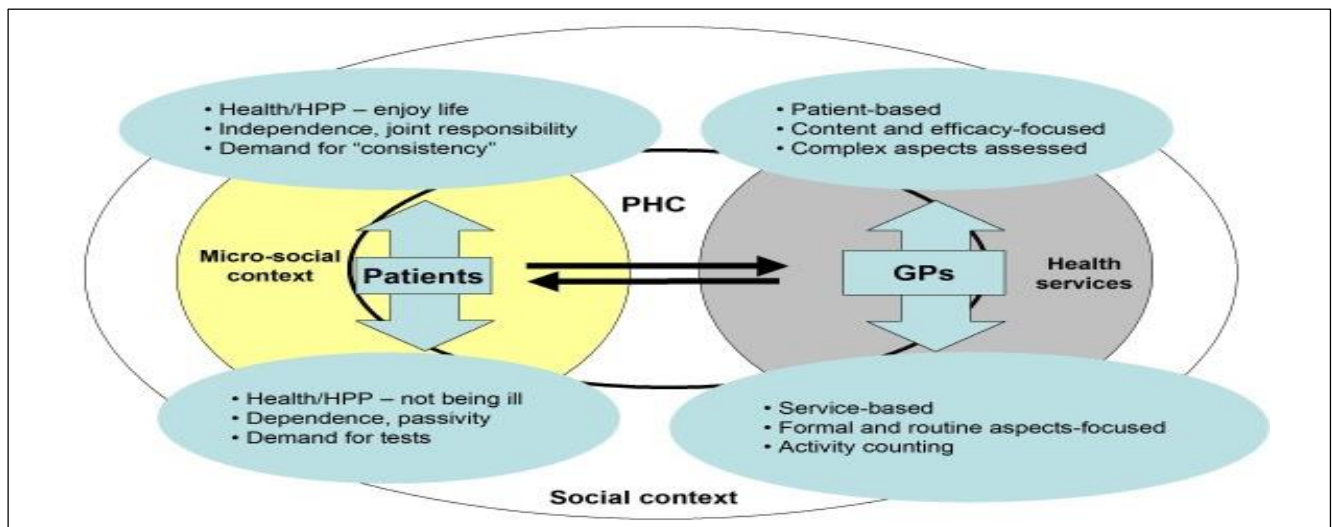


Figure 1: Relationships and trends in healthy lifestyle promotion.⁸

Note: PHC: Primary healthcare; GP: General physician.

Reflection from literature

The term health promotion is frequently used by physicians to refer to a limited range of procedures relating to vaccination and disease screening. However, there is hopeful evidence that while physicians recognize the need of risk reduction and health promotion, they frequently feel their abilities are insufficient for the job. Others have observed that many physicians have a limited understanding of health education and see their duty as providing information and counsel rather than playing a more active role in influencing behaviour. A full commitment to health promotion may be hampered by other widely held ideas, such as the notions that promoting behavioural change invades privacy, solicits further services, and is dull and professionally unrewarding. There is evidence that a physician's personal behavioural tendencies may affect how they perceive and react to the actions of their patients.¹⁰

Rosen, Logsdon and Demark demonstrated in their study that despite investing minimal time in patient education, physicians claim to generally be diligent in informing their

patients of their health concerns. Physicians frequently carry misgivings about their own effectiveness in these areas and are not optimistic about their ability to persuade patients to adhere to their suggestions. These criteria differ depending on the specialty. Paradoxical attitudes about prevention are shown by physicians. They believe that physicians should spend more time offering preventive care, but they also think that the lack of insurance payment makes it difficult for them to do so.¹¹

The promotion of physical activity through primary care has a lot of potential. However, fundamental concerns including time constraints on physicians, how to apply screening tools broadly beyond high-risk patients, how to expand physicians roles in primary prevention, and how to provide intervention materials that are actually understandable to patients need to be carefully taken into account. A variety of adaptable techniques should be offered so the clinician can choose and customize them to his needs and intended role in health promotion in order to enable the large-scale implementation of physical activity promotion. To satisfy the many health needs of patients, physical activity promotion should also be incorporated

into multidimensional health promotion. It is usually advised that future health promotion intervention development follow the multi-stakeholder strategy that has been outlined.¹²

Survey from United States revealed that three behavioural health risks smoking, obesity, and insufficient exercise and the challenges to effective office-based health promotion were examined by a nationwide sample of family practice physicians. The majority of respondents stated that they regularly counsel and educate patients about their health, but that they rarely provide systematic care or make referrals for the significant percentages of their patients who are smokers, are obese, or exercise insufficiently. Primary care physicians are somewhat hesitant to treat such issues, overuse relatively ineffective risk education tactics, and underuse potentially more effective behavioural or psychological treatments, either within their own practices or by referring patients to outside programs and specialists. Along with the well-known financial and organizational barriers to office-based health promotion, a lack of time and training for these activities, and physicians' dejection about their patients' abilities to change their lifestyles for the better, as well as their lack of confidence in their own and outside treatments, appear to be the main contributors to this underutilization.¹³

Wechsler et al described in their study that most physicians were extremely prepared to advise patients about smoking, drinking, and exercising. However, less than half of them felt extremely prepared to advise patients regarding their diet, use of illegal substances, sadness, or stress. Only a small minority approximately 4% to 13% of clinicians said they were extremely successful at aiding patients in changing their behaviour in any area, despite the relatively high percentage of physicians who felt very prepared to offer advice regarding particular types of behaviour related to health. However, physicians responded negatively when asked if they saw specific duties as part of their job. Almost nine out of ten respondents said it was absolutely their duty to inform patients about risk factors for disease.¹⁴

The clinician's primary responsibility in disease prevention and health promotion is at the personal level, where they screen for risk factors and diseases and offer early treatment, guidance, counselling, and referrals. By taking up positions in organizations, communities, and the government, primary care physicians can increase the scope of their influence by being an active member of an organization or a consultant to an outside organization, a community leader or an agent of change. These positions give primary care physicians the ability to influence settings and people in order to lower disease risk factors.¹⁵ David stated in his study that physicians frequently get engrossed in screening high-risk individuals based on the health belief model when they ought to be concentrating on population-wide health prevention initiatives. Primary care physicians must practice preventive medicine by advising patients to take preventive steps at work, in

school, and in community centres, as well as by including prevention in every patient visit.¹⁶

Hogg et al reported in their study that in contrast to the physicians interviewed in community health centres, those in fee for service practices, family health networks, and health service organizations tended to prioritize other matters in patient visits above health promotion. Time-constrained and distracted by the tyranny of the emergency, some of these physicians questioned their capacity to have a significant impact on problems that many believed were the patients' own faults. Time restrictions were frequently pointed up. Contrarily, medical professionals who participated in collaborative models of care were more likely to think that health promotion was an essential component of first-line patient treatment. They valued the various ways in which members of an interdisciplinary team contributed to promoting patient-centred behavioural change.¹⁷ Findings from the mixed method longitudinal pre and post-test study showed that the incorporation of intervention tools for health behaviour change has the potential to increase physician referral of information, discussion of health behaviours, and discussion of community resources. Understanding how the tools might impact patient motivation to modify behaviour will require more work to promote practice and acceptance of the tools.¹⁸

Numerous health outcomes and health-related behaviours in both adults and children have been linked to health literacy and education. The patient-centred medical home paradigm contends that paediatric primary care services ought to be built on a family-centred strategy that values individual diversity and involves families in shared decision-making. The significance of counselling concerning health, nutrition, safety, parenting, and psychosocial difficulties is reflected in the patient-centred medical home definition. Parents must be given information that they can utilize to support ideal health and developmental outcomes if they are to be partners in their children's healthcare. To assure that parents can comprehend and apply the information given to them, targeted health information is required.¹⁹

Health professionals must be able to define and comprehend precisely what comprises health promotion practice. Sound theory and precise understanding of the issue by the health professionals are prerequisites for effective health promotion practice. Health promotion has received less attention than clinical care, despite the fact that it is deeply ingrained in the concept of all national health programs and is intended to be implemented through the primary health care system based on the principles of equitable distribution, community participation, inter-sectoral coordination, and appropriate technology. In order to treat non-communicable diseases, health promotion and education are crucial. The global health care community has started to highlight health promotion as a vital tool to slow the increase of people suffering from chronic diseases in response to current

trends. Preventing the main causes of chronic diseases, such as obesity, sedentary behaviour, unhealthy diet, and cigarette use, could be a viable, affordable, and long-term solution.^{4,6,20} Primary care physicians are in a significant position to practice health promotion and education however barriers are commonly reported further research comprising on addressing barriers and developing recommendations and strategies for effective implementation of health promotion and education is needed, also the available literature is scarce and limited to past times.

CONCLUSION

Establishing a successful healthcare system that assures positive health outcomes, efficiency and effectiveness requires integrating health promotion techniques into normal clinical care. Primary care physician plays a key role in this aspect since it serves as an individual's first point of contact with the healthcare system and is distinguished by continuity, comprehensiveness, and coordination.

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