

# Patients values regarding primary health care:

a systematic review of qualitative and quantitative evidence

**Agnes B. Pratiwi<sup>1,2</sup>, Retna S. Padmawati<sup>3</sup>,  
Joko Mulyanto<sup>4</sup>, Dick L. Willems<sup>1</sup>**

Dept. of Ethics, Law, and Humanities, Amsterdam UMC, University of Amsterdam, The Netherlands

Dept. of Medical Education and Bioethics, Faculty of Medicine, Universitas Gadjah Mada, Indonesia

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# Background



- Accessible and high-quality primary health care (PHC) is key  
→ countries moving towards universal health coverage.
- Despite continuous improvement in quality of patient-centered care  
→ challenges persist.

# Background

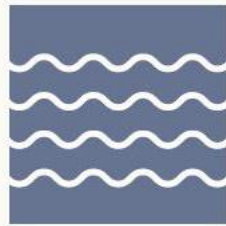
Why Primary Health Care?



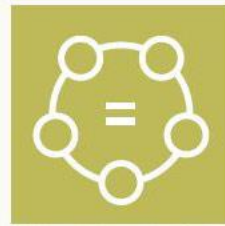
**PATIENT  
CENTERED**



**COORDINATED  
& INTEGRATED**



**CONTINUOUS**



**COMPREHENSIVE  
& EQUITABLE**

## Shared Principles of Primary Care



**HIGH VALUE**



**TEAM BASED &  
COLLABORATIVE**



**ACCESSIBLE**

It has become imperative to find the balance in social and medical aspects in primary care to meet the need of its users.

# Background

Why Primary Health Care?



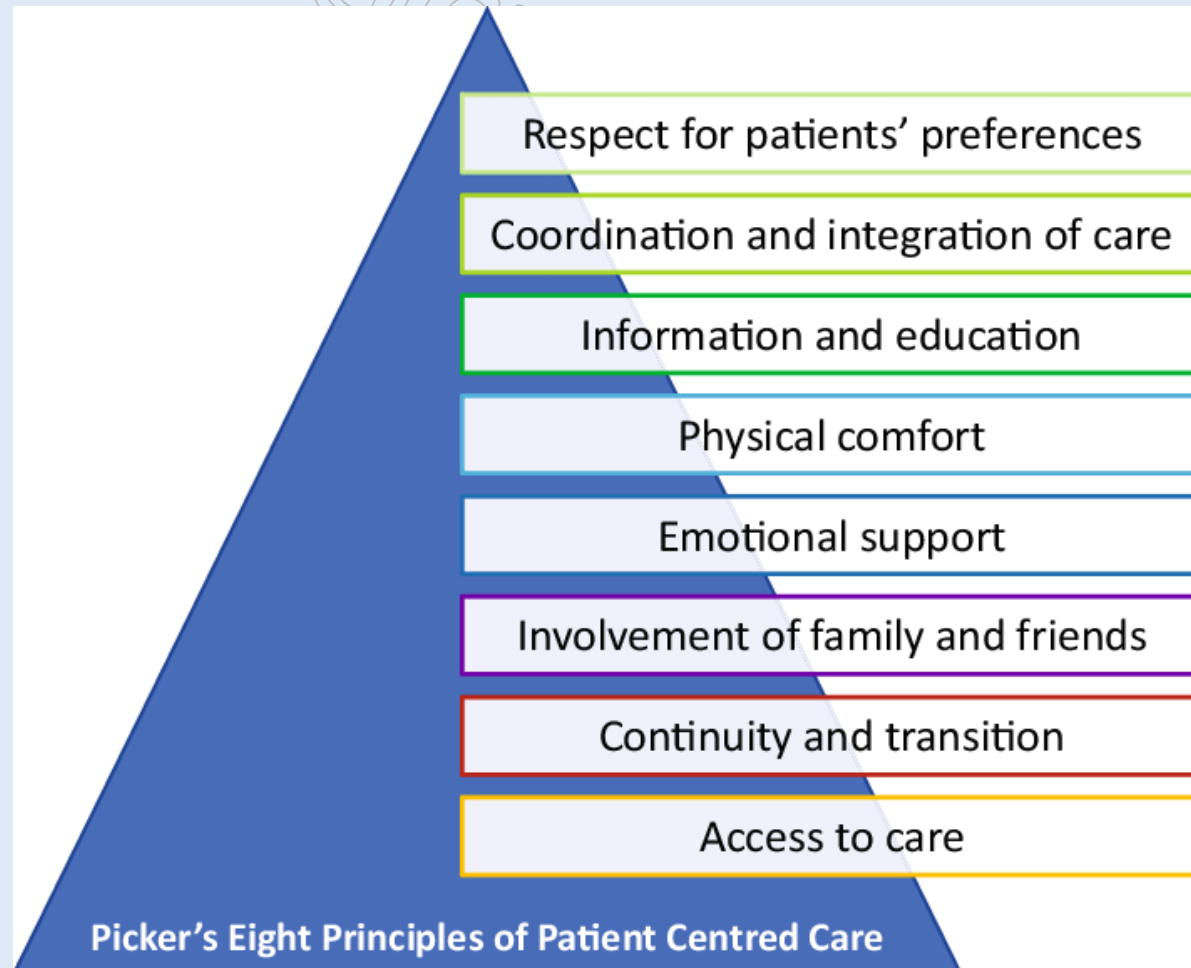
PHC available

but

might not be a preferred choice.

# Background

## Patient (Person) – centered care



- Patient views, values, and preferences are central considerations.
- A comprehensive understanding of patients' values is therefore crucial.
- This systematic review
  - patients' values relevant to PHC services
  - patients point of view

# Methods

## **Searches:**

- PubMed, EMBASE (Ovid)
- Google Scholar (from references).

## **Article period:**

2009 to 2020

## **Critical appraisal:**

JBI critical appraisal checklist

## **Key terms:**

"Primary health care"

"Patient"

"value"

"access"

## **Data synthesis:**

Thematic approach

# Results

## Included studies:

- 9 qualitative
- 9 quantitative

## Study

### characteristic:

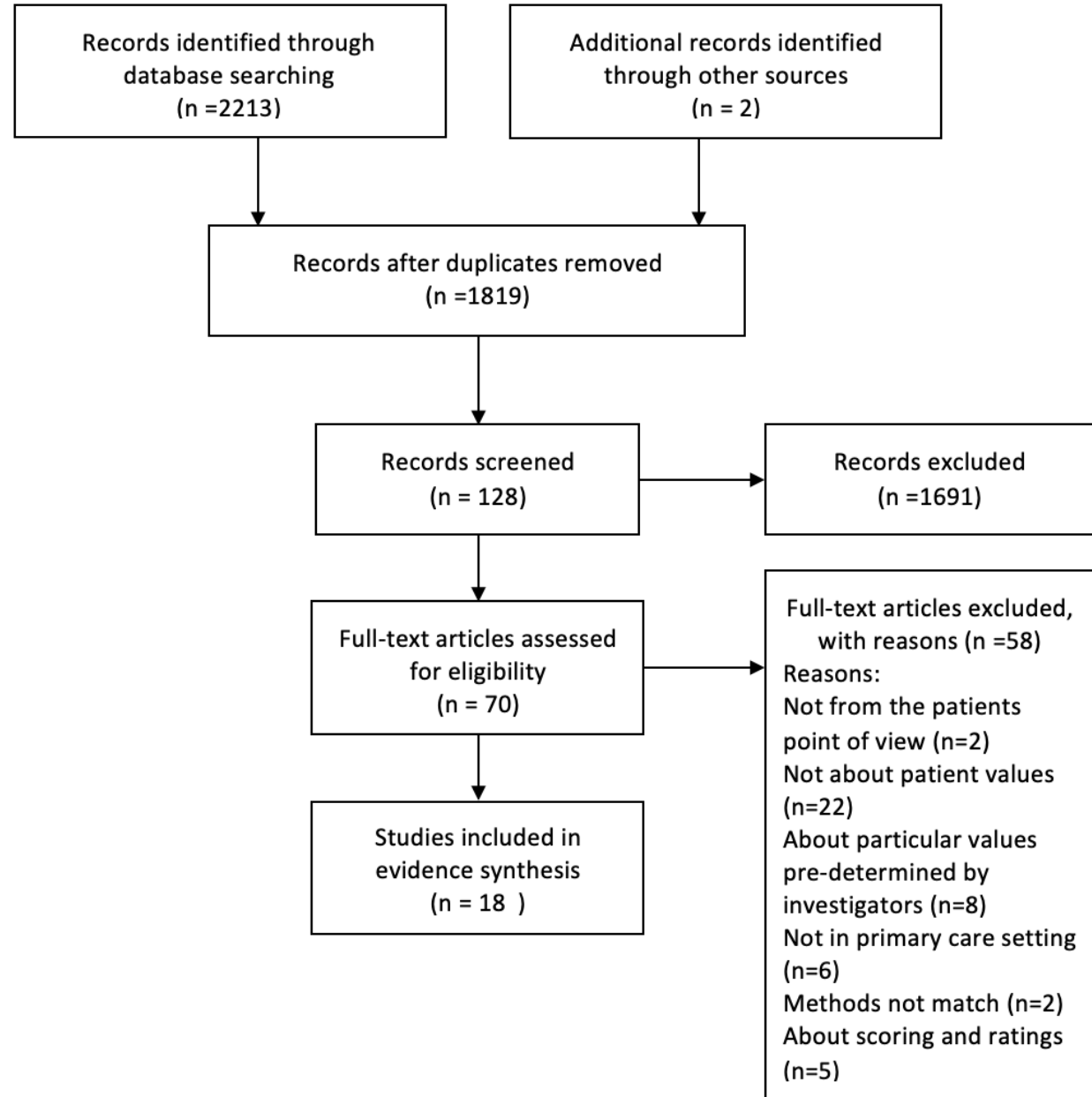
- 13 from high income countries
- 9 from Europe
- Study participants: mainly general patients, aged 18+

Identification

Screening

Eligibility

Included



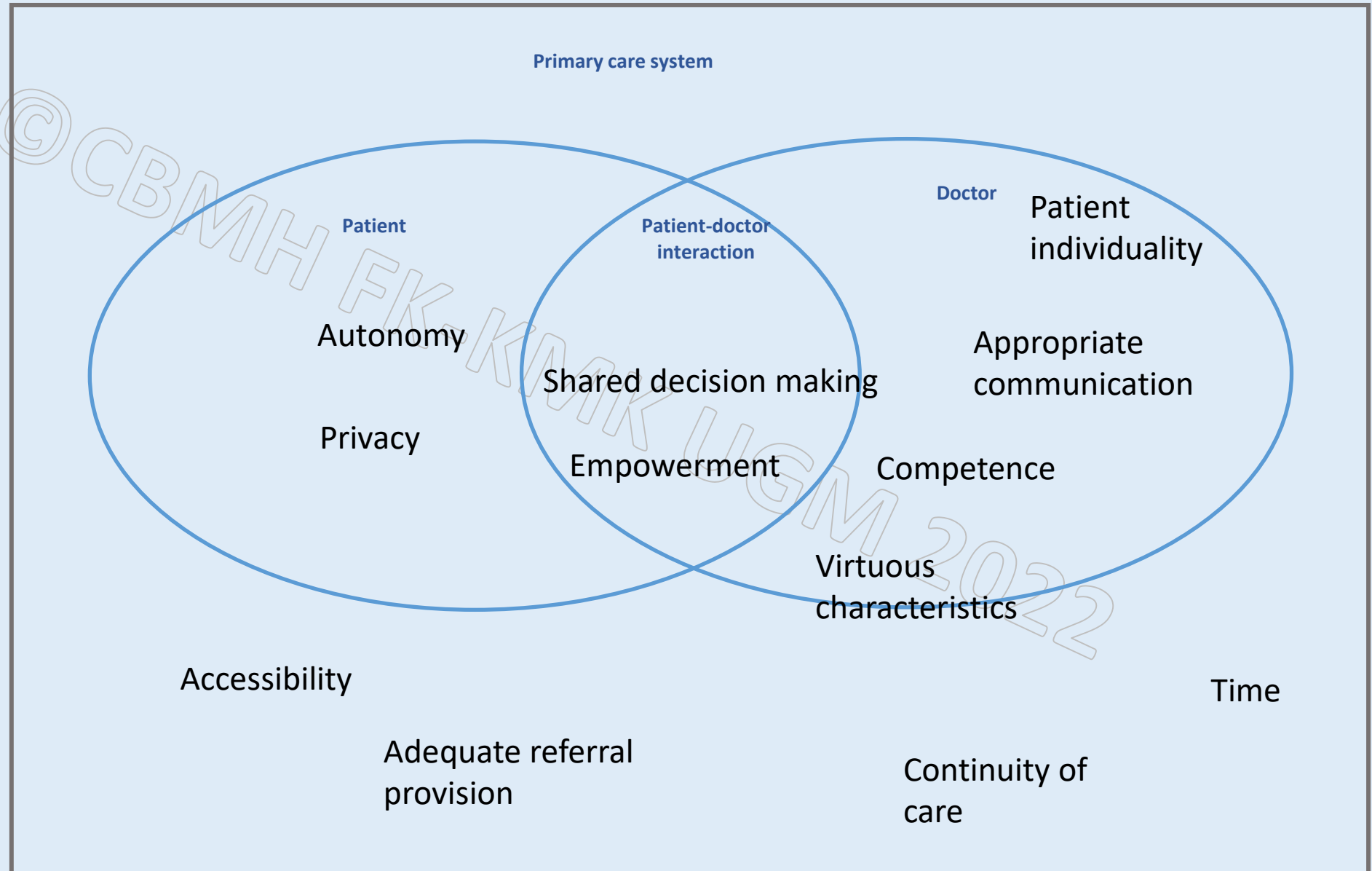


# Results



Results from the data extraction: Patients values revealed from the included studies																			
Number	Values	Qualitative studies									Quantitative studies								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
<b>1</b>	<b>Category: patients</b>																		
1.1	Autonomy	■								■					■				
1.2	Privacy						■							■					
<b>2</b>	<b>Category: Doctors</b>																		
2.1	Patient individuality as a person	■	■	■		■	■	■	■	■		■	■				■		■
2.2	Appropriate communication and information provision	■		■	■		■	■			■	■	■		■		■		
2.3	Knowledgable and competent doctors	■	■		■	■	■		■							■		■	
2.4	Virtuous characteristics			■	■	■	■		■	■		■		■		■			■
<b>3</b>	<b>Category: Patient-doctor interaction during visit</b>																		
3.1	Shared decision-making	■		■			■					■		■	■				
3.2	Empowerment						■		■		■		■						
<b>4</b>	<b>Category: Primary care system</b>																		
4.1	Time preference	■	■	■		■	■	■	■		■				■	■			
4.2	Continuity of care	■		■		■	■		■				■		■				
4.3	Adequate referral provision	■	■	■			■		■	■			■						
4.4	Accessibility		■				■								■				■

# Results



# Patient: Autonomy

- Being given choices
- Autonomy requirements related to specific patients
- Prioritized by:
  - Senior citizens (The Netherlands)
  - Indigenous (Australia)

*"In my opinion, you should decide yourself which GP to have. ...And I have a good GP, I am very pleased to have this GP" (Woman, aged 77) (24).*

# Patient: Autonomy

- Challenge → presence of family members speaking and making decisions on behalf of the patient (54) (*A study on cancer care in primary and secondary care in the United Kingdom*)
- Respecting patients autonomy can be at certain point challenging when in conflict with the value of evidence based medicine (55).
  - Balance between medical knowledge and patients' wishes.
- Autonomy is recognized as a value underlying patients' demand for quality services, while healthcare professionals attitudes that adopt paternalism and the act of knowing better seen as lack of recognition towards patients autonomy (56).
- Autonomy is also closely related to the second theme, doctor-patient interaction, which is related to the values of shared-decision making and empowerment.

# Patient: Privacy



We could not find any explicit description about the specific aspects patients hold important about privacy.

Patients' protected privacy experience during visit increases their satisfaction by 1.34 (95% CI: 1.10 – 1.63) (26).

“What was the way the health services ensured that you could talk privately to providers?”

Pepp et al. (2013) found that patient privacy and information confidentiality during the PHC visit is essential but rarely expressed by patients from the EU nations (27).

# Patient: Privacy

- Privacy protection increased patient satisfaction
- In studies about patient values → rarely framed explicitly.
- Privacy protection is closely related to patients' trust and care-seeking, and should be upheld even without any privacy infringement.
- Bastemeijer et al. → privacy as a value within professional responsiveness.
- A survey among consumers in healthcare placed concerns about privacy as an aspect more important than healthcare cost (48).
- Online access to doctor notes in the United States → privacy concerns regarding their personal information (49).

# Patient: Privacy

- Attention on patient privacy should be reflected at least in two separate aspects
  - During the visit
  - On patients information
- Research attention on privacy in healthcare recently leaned towards the discussion concerning electronic patient records and online data protection. Despite equally important, there was little discussion of the other dimensions of privacy, such as how the patient felt and experience their privacy.

# Category: Doctors

- ① Patient individuality as a person
- ② Appropriate communication and information provision
- ③ Knowledgeable and competent doctors
- ④ Virtuous characteristics



# Patient individuality

Eight studies → the value of patient individuality as a person.

Six studies → being taken seriously.

- Seen and treated as a whole person.
- Individual with needs concerning their medical conditions, than merely seen as a medical case.
- Patients perception → complaints, illness, and medical situation → often become the doctor's focus
- Inadequate consideration on psycho-social needs.
- Meant to be taken seriously by the doctor → asked about feelings and concerns, and given opportunity to establish close and connected feelings.

*"If I was a doctor, I would ask – 'how do you feel'? 'What is the matter with you'? But doctors would just repeat the drug prescription and ask for how long. And good-bye" (women aged 79)*

# Patient individuality

- Eight studies → the value of patient individuality as a person
- Six studies that emphasized the importance of being taken seriously.
- Patients would rather be seen and treated as a whole person, meaning as an individual with needs concerning their medical conditions, than merely seen as a medical case.
- Perception → complaints, illness, and medical situation → the doctor's focus
- To be taken seriously → feelings and concerns, opportunity to establish close and connected feelings.

# Patient individuality

## United Kingdom →

- The aspect "GP that takes patients problems seriously" was ranked as the most critical component in GP consultation.
- Consistent across different genders, ethnicities, and age groups.
- Having their problems taken seriously → increases patients' confidence and trust in their GP by three times.
- No further explanation about the meaning.

## South Africa →

- Elderly with chronic diseases → uncomfortable disease-centered care where the GPs focus only on providing medication.

*'As long as you are chronic, they don't care .... They just write down your medication and tell you to go. They don't even look at you. Chronic is just for medication.'* (Participant 3, Group 2, 70-year-old female)

## Discussion



- Values related to the general practitioner were paramount and apparent in almost all studies from both high and middle income countries.
- PHC system → high expectation in the interpersonal skills of doctors.
- Not only medical related competence, but also virtuous characteristics
- Not always realistic, however, this reflects the need of primary care providers to pay attention to a tailored care provision to address patients specific needs.

# Patient-doctor interaction during visit

- Shared decision-making
- Empowerment

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# Shared decision-making

- Asked and involved in decisions concerning their medical conditions and treatment.
- Having patient views taken into deliberation, an open discussion, and avoiding paternalistic decisions. Shared decision-making was perceived to lead to better treatment adherence.
- Highly valued by patients in Europe. Among the general population in the UK, shared decision-making is ranked as the fourth most important aspect of a primary care doctor.
- It is ranked the second most crucial aspect by the white elderly population aged above 65 years but ranked lower notably by non-white young people below 35 years old (33). In this study, there was no difference in the rank of shared decision-making among different genders.
- The study in Ghana found that the involvement of patients in the decision-making process increases their satisfaction with primary care by 1.34 times.

# Primary care system

- Time preference
- Continuity of care
- Adequate referral provision
- Accessibility

# Discussion

- No studies represent the point of view of children or parents as their proxy.
- Doctor's personal characteristics and their interactions with the patients are critical considerations concerning the primary care services from the patients' point of view.
- Operationalization of these values is essential to improve the quality of primary care.



# Other articles

<https://bmjopen.bmj.com/content/11/10/e050565>

Open access Original research

## BMJ Open Is Indonesia achieving universal health coverage? Secondary analysis of national data on insurance coverage, health spending and service availability

Agnes Bhakti Pratiwi <sup>1,2</sup> Hermawati Setyaningsih <sup>3</sup>  
Maarten Olivier Kok <sup>4,5</sup> Trynke Hoekstra <sup>5</sup> Ali Ghufon Mukti,<sup>6</sup>  
Elizabeth Pisani <sup>4,7</sup>

**To cite:** Pratiwi AB, Setyaningsih H, Kok MO, *et al.* Is Indonesia achieving universal health coverage? Secondary analysis of national data on insurance coverage, health spending and service availability. *BMJ Open* 2021;11:e050565. doi:10.1136/bmjopen-2021-050565

**ABSTRACT**  
**Objectives** To analyse the relationship between health need, insurance coverage, health service availability, service use, insurance claims and out-of-pocket spending on health across Indonesia.  
**Design** Secondary analysis of nationally representative quantitative data. We merged four national data sets: the National Socioeconomic Survey 2018, National Census of Villages 2018, Population Health Development Index 2018

**Strengths and limitations of this study**

- ▶ Our study brings together four large, data sets, representative at the level of each of the country's 514 districts, allowing for exploration of diversity, and for triangulation between data sources.
- ▶ Our analysis pays particular attention to geographical differences in insurance coverage, service availability and health spending in one of the world's

## Behind open doors: patient privacy and the impact of design in primary health care, a qualitative study in Indonesia.

Agnes Bhakti Pratiwi\* , Retna Siwi Padmawati and Dick L Willems

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# Maturnuwun

Email: [agnes.b.p@ugm.ac.id](mailto:agnes.b.p@ugm.ac.id)