“Whole person care” (WPC) advocates a broader and more comprehensive approach than a strictly biomedical paradigm. This is particularly relevant to meet the needs of increasing numbers of patients with chronic multi-morbidity and for patients whose symptoms do not neatly fit a biomedical paradigm. However, WPC has lacked clear definition.

To explore Australian General Practitioners’ (GPs’) understanding of whole person care (WPC) and the factors that influence its provision.

Background

“Whole person care” (WPC) advocates a broader and more comprehensive approach than a strictly biomedical paradigm. This is particularly relevant to meet the needs of increasing numbers of patients with chronic multi-morbidity and for patients whose symptoms do not neatly fit a biomedical paradigm. However, WPC has lacked clear definition.

Methods

Semi-structured interviews with 20 participants (19 GPs and 1 GP registrar, recruited by purposive and snowball sampling), conducted in 2018. Transcripts analysed using grounded theory.

Results

Participants identified multiple factors that affect WPC provision.

Examples:

- Interpersonal doctor-patient dynamic
- Local practice context (e.g., availability, physical resources)
- Health system (e.g., funding, inter-professional communication)
- Overarching: Time availability, valuing WPC

These findings provide a basis to assess the extent to which WPC is practised and to consider and implement initiatives that facilitate its provision. Further research exploring patient and other healthcare providers’ perspectives would be valuable.

AIM

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