

General practitioners' expectations when referring to specialists: a qualitative study

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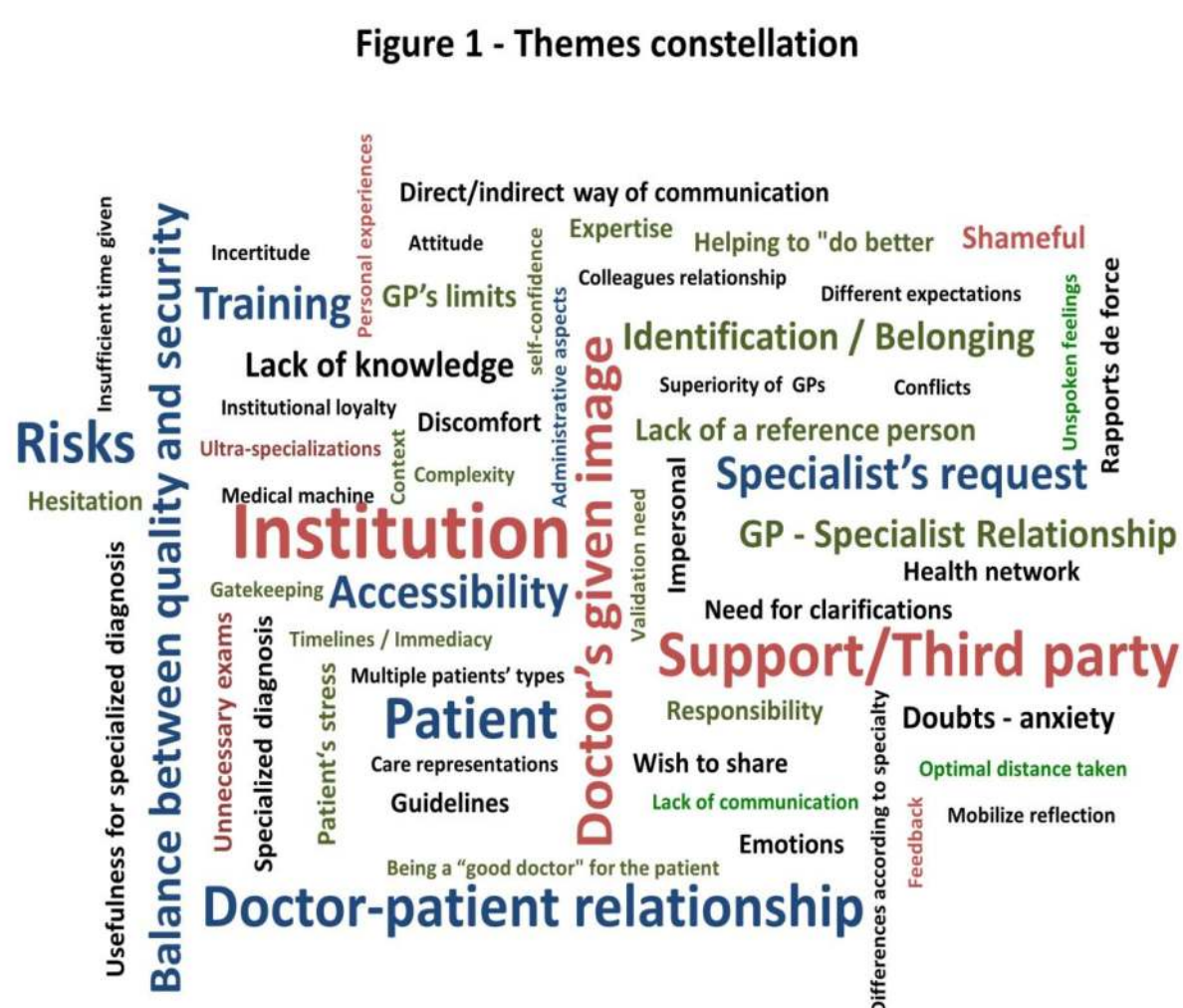
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Background and Aims: A **referral rate of 9.44%** is reported in Switzerland¹. The need for qualitative studies addressing referral process has been acknowledged.^{2,3,4} General practitioners' (GP) **referring motivations** have yet to be further investigated.⁵ This is a central issue for **consultation-liaison psychiatrists** (CLPs) who process medical requests.^{6,7} Our aim was to describe GPs' motivations and experiences when they refer to specialists.

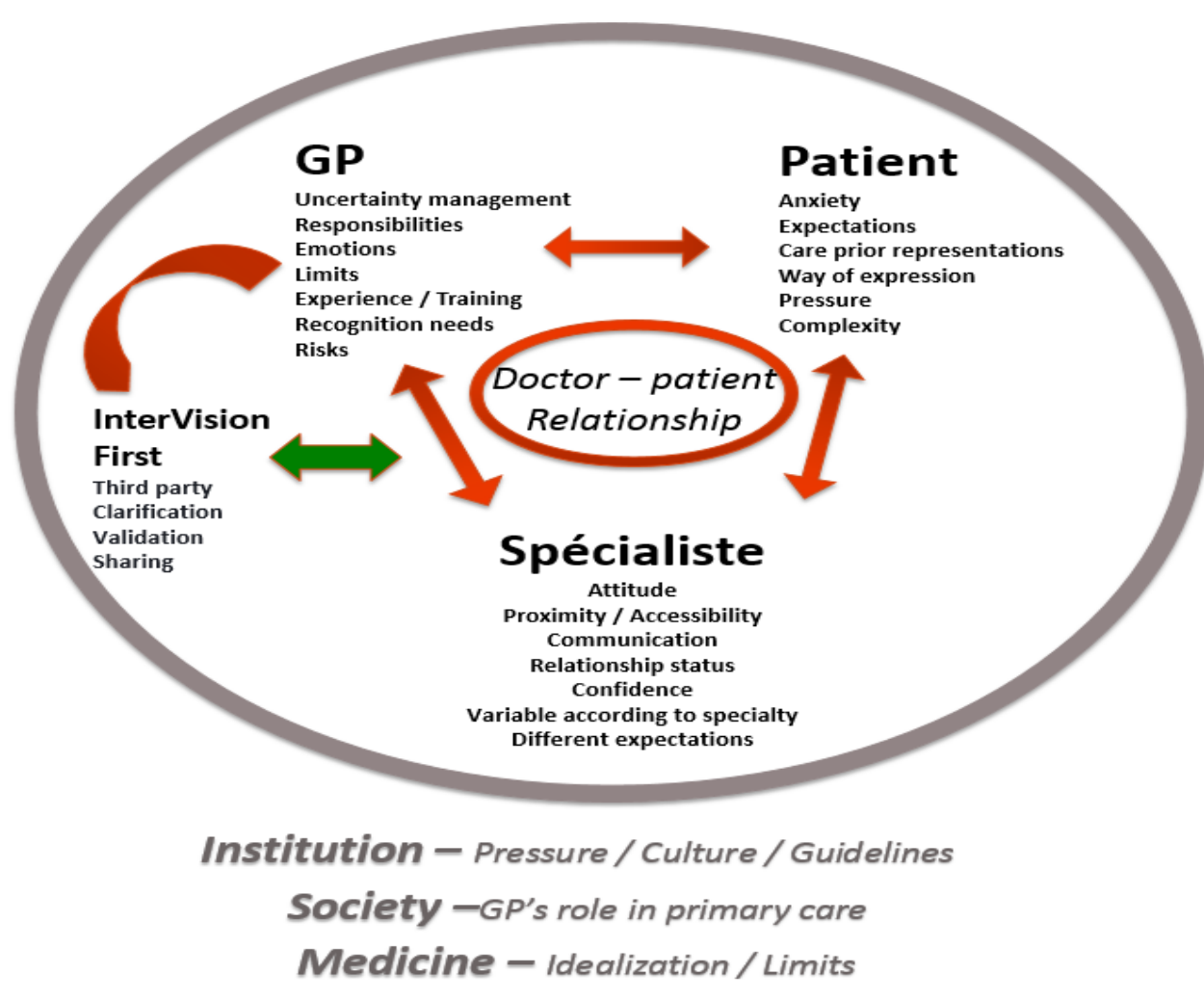
Methods: A questionnaire survey based on the existing literature was distributed to the GPs working at the Department of Ambulatory Care and Community Medicine of the University of Lausanne.⁸ Afterwards, two focus groups (FGs) were conducted.^{9,10}

Results: 32 GPs (80%) responded to our questionnaire and 18 GPs participated in the FGs. Three sets of **expectations** emerged regarding referral: managing confrontation to their **treatments' limits**; protecting or improving the **doctor-patient relationship**; and avoiding undesirable consequences for the GP himself (**self-esteem** and recognition issues). Various factors associated with referral motivations or inhibitions are exposed in Figure 1. GPs' **concerns** and **emotions** are crucial during the referral process, and are influenced by multiple dynamic interpersonal **interactions**: GP-patient, GP-specialists, GP-supervisor/colleagues relationships (Figure 2).



Conclusions: Multiple **personal** and **contextual** (internal and external) factors motivate GPs' referrals to specialists. Their **lived experience** and **relationships** built within their work environment are crucial during the referral process. CLPs' interventions could help GPs to take into account and better manage these experiences; and to create efficient healthcare networks by processing and interfering into interpersonal interactions. In parallel, they could be better respond to GPs' conscious or unconscious expectation of referral.

Figure 2: GP's motivations for referring



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