Professionals Delivering Prevention in Various Primary Care Contexts: New Issues And New Challenges For Preventive Action

Organisers:

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on behalf of the Réseau Thématique 19 “Santé, Médecine, Maladie et Handicap” of the Association Française de Sociologie

This session will focus on primary-care professionals, who face new issues in today’s epidemiological context. Institutions and public health policies are (re)investing in preventive care and targeting ever more guidelines, incentives, or even injunctions, at these professionals, encouraging them to make prevention a priority and to adopt a normative role towards the population, in many aspects of people’s lifestyle and life-course. As frontline workers, they are privileged intermediaries of contemporary biopolitics. At the same time, they must often deal with global resource restrictions. They are concretely confronted with the consequences of austerity policies on health and with growing social inequalities, which affect the way preventive messages can be delivered and received. Promoting healthy habits in this context is challenging for professionals and raises new issues.

Numerous professionals with different types of professional status are charged with prevention in primary care. They work in different environments, with different means, and can have different views about their tasks. Across Europe, some participate in programs dedicated to prevention, while others have to integrate prevention into a broader mandate. Each has different levels of legitimacy and autonomy in the organization of their work, depending on how primary care is organized at the national level, but also on micro-scale configurations and resources. Some appear constrained in applying top-down procedures while others try to remain free to decide by themselves what to do. Some engage in experiments, where traditional relationships and cooperation between different types of professionals can be reshaped and collective learning processes developed (or can fail). Generation or gender effects on the dispositions and positions of healthcare professionals should also be taken into account.

The aim of the session is to better understand this diversity by learning more about the effects of the social context on concrete preventive practices in primary care. Do organizational or procedural innovations affect the contents, the terms and conditions of the preventive message delivered? Are these institutions and public health policies in the process of deeply remodelling the attitudes and practices of professionals? Is
professionalism “from inside” considered or reshaped, for primary care physicians and for less established groups of workers? Although this session is dedicated to professional issues in preventive care in their work context, it aims to deal with the social conditions of the professionals’ concrete encounters with patients: Does this changed context reshape the time spent with them? How is patient social diversity taken into account and dealt with in preventive care? Do professionals face special patient reluctance to accept preventive care associated with new procedures or with the difficult socio-economic context, or are things becoming easier for them?

Presentations are expected to explore these questions using empirical data. All types of preventive care, from traditional counselling about lifestyle to screening using cutting edge technologies (for instance, in genetics) can be considered, since they come within, in given contexts, the confines of primary care professionals. Attention to social inequalities in preventive healthcare would be appreciated.

Deadline to submit your abstract: 20th of December 2015

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