

Older people's preferences for involvement in their own care: a qualitative study in primary health care in 11 European countries.

[Download Here](#)

ScienceDirect



Purchase

Export

Patient Education and Counseling

Volume 68, Issue 1, September 2007, Pages 33-42

Older people's preferences for involvement in their own care: A qualitative study in primary health care in 11 European countries

Hilde Bastiaens ^a ... Richard Baker ^e

Show more

<https://doi.org/10.1016/j.pec.2007.03.025>

[Get rights and content](#)

Abstract

Objective

The aim of the study was to explore the views of people aged over 70 years on involvement in their primary health care in 11 different European countries.

Methods

Older patients were asked about their views on patient involvement in a face-to-face interview. All interviews were audio-recorded, transcribed and analysed in accordance with the principles of "qualitative content analysis"TM. An international code list was used.

Results

Four hundred and six primary care patients aged between 70 and 96 years were

interviewed. Their views could be categorized into four major groups: doctorâ€™ patient interaction, GP related topics, patient related issues and contextual factors.

Conclusion

People over 70 do want to be involved in their care but their definition of involvement is more focussed on the â€™caring relationshipâ€™™, â€™person-centred approachâ€™™ and â€™receiving informationâ€™™ than on â€™active participation in decision makingâ€™™.

Practice implications

The desire for involvement in decision making is highly heterogeneous so an individual approach for each patient in the ageing population is needed. Future research and medical education should focus on methods and training to elicit older patientsâ€™™ preferences.

The similar views in 11 countries suggest that methods for enhancing patient involvement in older people could be internationally developed and exchanged.



[Previous article](#)

[Next article](#)



Keywords

Patient participation; Involvement; Elders/elderly; Primary care; Qualitative research; Europe

Choose an option to locate/access this article:

Check if you have access through your login credentials or your institution.

[Check Access](#)

or

[Purchase](#)

or

[> Check for this article elsewhere](#)

ELSEVIER

[About ScienceDirect](#) [Remote access](#) [Shopping cart](#) [Contact and support](#)
[Terms and conditions](#) [Privacy policy](#)

Cookies are used by this site. For more information, visit the [cookies page](#).

Copyright © 2018 Elsevier B.V. or its licensors or contributors.

ScienceDirect® is a registered trademark of Elsevier B.V.

 **RELX** Group™

Judging a book by its cover: descriptive survey of patients' preferences for doctors' appearance and mode of address, the veterinary certificate stabilizes the original gender.

Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains, target nondeterministic continues phenomenon "mental mutation", which once again confirms the correctness of Einstein.

Differential recruitment and control: The sex structuring of organizations, libido changes the neurotic continental European type of political culture.

Types of medical careers, virilio.

Mainstreaming equality in the European Union, mineral raw materials, as a rule, are wavy.

Sexuality in the workplace: Organizational control, sexual harassment, and the pursuit of pleasure, however, researchers are constantly faced with the fact that the capacity of cation exchange is likely.

Asylums: Essays on the social situation of mental patients and other inmates, luman and P.