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Nishioka, Daisuke

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COMMENTARIES

Title

Re-considering the Levesque framework: A social-work perspective for healthcare professionals

Author

Daisuke Nishioka^{abc}

^a Department of Medical Statistics, Research & Development Center, Osaka Medical and Pharmaceutical University. 2-7 Daigaku-machi, Takatsuki-shi, Osaka, 569-8686, Japan.

^b Department of Social Epidemiology, Graduate School of Medicine and School of Public Health, Kyoto University. Yoshida-Konoe-cho, Sakyo-ku, Kyoto-shi, Kyoto, 606-8315, Japan

^c Miyama Rinken-Center Clinic. 14-1 Shakado-mae, Tsurugaoka, Miyama-cho, Nantan-shi, Kyoto, 601-0762, Japan

Corresponding author

Daisuke Nishioka

E-mail address: daisuke.nishioka@ompu.ac.jp

Full postal address: 2-7 Daigaku-machi, Takatsuki-shi, Osaka 569-8686, Japan

Phone Number: +81-72-684-7255

Potential barriers to access primary care

Social backgrounds affect people's health and health behavior (1). Factors such as gender, marital status, race/ethnicity, nationality, income, education, job status, or social relationships are known as social determinants of health. Recently, health care professionals have been required to consider patients' social determinants and to address issues to improve the care of patients (2).

These social determinants of health can also prevent patients' access to primary care. According to Levesque et al, there are multiple barriers that people need to overcome to access primary care (3). The conceptual diagram which Levesque et al. previously summarized shows that the barriers include: "Approachability", "Acceptability", "Availability and accommodation", "Affordability", and "Appropriateness" (Figure1). To overcome the barriers, patients need to demonstrate their capabilities, which were summarized as "Ability to perceive", "Ability to seek", "Ability to reach", "Ability to pay", and "Ability to engage" (Figure 1.).

Patients in front of us have the strength to overcome the barriers

We can consider another perspective of interpreting the conceptual diagram from the perspective of social work. We can regard the patients before us, who have access to primary care and receive care in front of us have the strength to demonstrate their capabilities to overcome the barriers of health care access. This perspective is known as a “strength model”, which is well-known and utilized in the field of social work (4).

However, when health care professionals meet socially vulnerable patients in the clinical settings, they occasionally stigmatize patients by being a prejudiced against those patients who were capable of reaching primary care because of an unconscious implicit bias that is embedded in our daily practice (5). Once a patient was stigmatized by health care professionals, the patient’s power to overcome the barriers reduces due to discouragement, resulting in the state of “powerlessness”. Once the person became “powerless” due to the stigma, the person will be excluded from the society (6). Consequently, the patients would be unable to access to the primary care. This state is known as “social withdrawal”, which is one of the coping skills of patients not to be stigmatized repeatedly (7). After the withdrawal, physicians become unable to see

those patients again and this can lead to those patients becoming much more marginalized by the physicians.

If we learn from the social work perspective, we may be able to prevent the unfavorable consequences due to the implicit bias of health care professionals. Biestek introduced the basic principles of social work which include the principle of *individualization, purposeful expression of feelings, controlled emotional involvement, acceptance, non-judgmental attitude, client self-determination, and confidentiality* (8).

As we have seen, patients who could attain access to primary care had the strength to demonstrate their capabilities to overcome multiple barriers. We, as healthcare professionals, do not have the authority to judge an individual patient's background. It is important to accept the process that has led the person to seek medical care support.

Health care professionals have been reported to be one of the sources of patients' stigma (9). Because stigma is a known health risk (10), and arises from healthcare professionals' prejudice embedded in everyday life, it is important for health care professionals to be aware of their own implicit bias (5). Approaches utilized in social work which were introduced above, may reduce the barriers faced by patients' needing primary health care access, and to strengthen their capabilities. As a result, health care

professionals may be able to newly encounter a marginalized patient who had been prevented access to primary care due to their social determinants.

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Competing interests

There are no conflicts of interest to declare.

Figure

Figure 1: The conceptual diagram of the barriers and abilities required to achieve the benefits of primary care (source: Levesque et al, 2013.)

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