

## OP33.6

### **Integrating the existential dimension in general practice: Exploring the understandings and experiences of Danish general practitioners.**

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**Background & Aim:** Within the specialty of general practice an integration of the existential dimension is regarded as important in relation to patient care. However, very little empirical attention has been given to how GPs understand the existential dimension as well as to when and how it is integrated in the relationship to the patient. Thus, the aims of this study were thus to explore GPs' understanding of the existential dimension and of when and how it is perceived to be integrated in the GP-patient encounter.

**Method:** GPs from two Danish regions with accreditation and a minimum of three years GP experience participated in seven focus group interviews. The final sample consisted of 31 GPs between 36 and 68 years of age. Data were analysed in keeping with core principles of a thematic analysis approach.

**Results:** The majority of GPs stated that the existential dimension had a blurred and broad meaning to them. To several GPs the existential dimension was thought to interact and overlap with other illness dimensions, such as the physical, psychological and spiritual. General themes encountered in GPs' descriptions related to being and identity, connectedness to a place, to an environment including other people and to future perspectives. In general practice, the existential dimension was primarily integrated in connection with a life-threatening illness or towards end of life. Integration of the existential dimension was characterized as unsystematic and intuitive. Communication about religious or spiritual questions was mostly avoided by GPs due to perceived lack of expertise and GPs reported infrequent referrals of patients to chaplains.

**Conclusion:** In order to enhance the integration of the existential dimension in to patient care – and thus to enhance the implementation of health policy recommendations - it is necessary to define the concept and to make recommendations about how care that integrates the existential dimension should look like.