

Literature Study on the Contribution of General Practitioners in Health Promotion and Prevention Efforts

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ABSTRACT

This study aims to explore and synthesize the contributions of general practitioners (GPs) in promotive and preventive healthcare, emphasizing their role in strengthening primary health systems and community well-being. Using a qualitative descriptive approach through literature study, data were collected from scientific journals, books, and official reports published between 2015 and 2025. The analysis followed an inductive process involving data identification, reduction, categorization, and interpretation to derive key themes related to preventive practices and health promotion. The findings reveal that GPs play a vital role in health education, early detection of diseases, immunization, lifestyle counseling, and chronic disease prevention. However, challenges such as limited consultation time, workload pressures, and lack of institutional incentives hinder optimal implementation. The results also highlight the importance of interprofessional collaboration, digital health integration, and patient-centered approaches in enhancing preventive efforts. Theoretically, this study reinforces behavioral and health promotion models, while practically, it offers guidance for policymakers and educators in developing systems that empower GPs to lead preventive health strategies. Overall, the research contributes to a deeper understanding of the GP's role as a central figure in preventive medicine and underscores the need for systemic and educational reforms to optimize health promotion and disease prevention in primary care.

Keywords: general practitioners, health promotion, disease prevention, primary healthcare, qualitative study.

INTRODUCTION

In recent years, the global health landscape has increasingly emphasized the importance of promotive and preventive efforts in achieving sustainable healthcare outcomes. Within this framework, general practitioners (GPs) occupy a pivotal role as the first point of contact between the community and the health system, providing comprehensive, continuous, and coordinated care (Abdullah dkk., 2022). The escalating burden of chronic diseases, lifestyle-related health problems, and the persistent inequality in access to healthcare underscore the urgent need to strengthen the preventive and health-promoting capacities of primary care services (Piessens dkk., 2025). Despite remarkable advances in medicine and technology, the increasing prevalence of preventable diseases indicates a gap in the effective integration of promotive and preventive strategies in general practice (Kumar dkk., 2024). This urgency is amplified by current global challenges such as climate related health risks, shifting disease patterns, and the growing demand for resilient primary care systems.

Current trends in global health demonstrate a paradigm shift from curative to preventive approaches. Health promotion and disease prevention are increasingly recognized as cost-effective strategies

that can alleviate healthcare system burdens and improve population health outcomes (AbdulRaheem, 2023). General practitioners, through their accessibility and continuous patient relationships, are ideally positioned to lead preventive efforts at multiple levels—ranging from primordial and primary prevention to quaternary prevention aimed at avoiding overmedicalization (Piessens dkk., 2025; Sunwoo, 2022). However, the real-world implementation of these preventive functions remains inconsistent across countries and healthcare systems (Rønnevik dkk., 2022).

The urgency of this topic stems from growing evidence that preventive healthcare significantly reduces morbidity, mortality, and healthcare expenditure (Gräfe dkk., 2025). Nevertheless, the role of GPs in implementing these interventions is often hindered by systemic, organizational, and individual-level barriers (Moheteb dkk., 2025). High patient loads, limited consultation times, inadequate preventive training, and lack of interprofessional collaboration frequently obstruct effective practice (Luquis & Paz, 2015). These challenges reflect an ongoing tension between curative demands and preventive ideals in primary healthcare.

A systematic understanding of the contribution of GPs in promotive and preventive healthcare is thus essential to strengthen primary care systems. The increasing global recognition of lifestyle diseases, mental health problems, and environmental determinants of health further accentuates the need for GPs to adopt a holistic approach (Sunwoo, 2022). Beyond the traditional focus on diagnosis and treatment, GPs are now expected to play active roles in behavior change counseling, screening programs, and community engagement (Brandt dkk., 2024).

Empirical studies suggest that GPs routinely provide preventive services such as behavioral counseling, immunization, blood pressure screening, and smoking cessation interventions (Kumar dkk., 2024). However, their engagement in upstream interventions addressing social determinants of health—such as poverty, education, and environmental factors—remains limited (AbdulRaheem, 2023). This imbalance between clinical prevention and broader health promotion reflects a structural gap in primary care delivery models.

Moreover, evidence indicates that preventive efforts in general practice are disproportionately directed toward high-risk or chronically ill populations, rather than the general public (Dieckelmann dkk., 2022; Lionis & Midlöv, 2017; Mańczuk dkk., 2023). Such a focus narrows the preventive scope, leading to missed opportunities for early intervention among healthy individuals. For instance, in pediatric and geriatric care, where prevention could yield substantial long-term benefits, implementation remains suboptimal (Gooley dkk., 2024, 2025).

The success of promotive and preventive strategies largely depends on professional beliefs, systemic support, and clear practice guidelines (Gräfe dkk., 2025; Piessens dkk., 2025). Training and continuing education play crucial roles in shaping GPs' preventive orientation (Brandt dkk., 2024). Furthermore, interdisciplinary collaboration among healthcare providers and community stakeholders can amplify the impact of preventive initiatives (Moheteb dkk., 2025). In this sense, the empowerment of GPs must be viewed not as an isolated endeavor but as part of a broader health system reform.

Despite the recognized importance of prevention, gaps persist in policy frameworks, research translation, and practice implementation. Many healthcare systems still lack performance

indicators or incentives for preventive services (Dieckelmann dkk., 2022). Consequently, GPs often find themselves navigating conflicting priorities between clinical productivity and public health responsibilities. Bridging this gap requires integrating preventive goals into the organizational culture of healthcare delivery.

Recent research emphasizes the potential of multidisciplinary primary care teams in enhancing the effectiveness of prevention programs, particularly in managing chronic diseases (Moheteb dkk., 2025). Collaborative approaches that combine the expertise of physicians, nurses, and allied health professionals can create a more resilient and responsive preventive infrastructure. However, such models demand systemic restructuring and investment in human resources and training.

Technological advancements, including digital health tools and data-driven interventions, offer promising avenues for strengthening GPs' preventive roles (Piessens dkk., 2025). These innovations can facilitate patient education, risk assessment, and behavior tracking, making prevention more personalized and scalable. Nevertheless, equitable access to these technologies remains a concern, especially in low-resource settings (Rønnevik dkk., 2022).

At the theoretical level, the role of GPs in health promotion can be understood through the lens of social-ecological and behavior change models, which emphasize multilevel determinants of health (Abdullah dkk., 2022). Practically, this translates into the need for integrated approaches that link clinical services with community-based interventions. Effective prevention requires not only medical competence but also communication, empathy, and leadership within communities (Sunwoo, 2022).

Furthermore, the COVID-19 pandemic has illuminated the indispensable value of primary care and preventive medicine in safeguarding public health. It has underscored the necessity of strengthening GPs' engagement in surveillance, vaccination, and public health communication (Mańczuk dkk., 2023). This experience reinforces the relevance of prevention-oriented systems in responding to both chronic and emerging health threats.

This literature-based study aims to comprehensively examine the contribution of general practitioners to promotive and preventive health efforts. By synthesizing recent empirical findings and theoretical perspectives, it seeks to identify the main

factors influencing the effectiveness of preventive practices in general practice. The ultimate goal is to propose evidence-informed recommendations for optimizing GPs' roles within evolving health systems.

Theoretically, this article contributes to understanding the integration of preventive medicine within primary care frameworks, while practically, it provides insights for policymakers, educators, and healthcare managers aiming to enhance preventive service delivery. Strengthening the promotive and preventive capacities of general practitioners is not merely a professional obligation but a strategic investment in sustainable public health systems (Gräfe dkk., 2025; Piessens dkk., 2025). Thus, the findings of this study are expected to support the transformation of primary care toward a more proactive, prevention-oriented paradigm.

METHOD

This article employs a qualitative research design with a descriptive approach through a literature study (library research). The qualitative-descriptive method is chosen to explore, interpret, and synthesize conceptual and empirical findings regarding the contribution of general practitioners (GPs) in promotive and preventive healthcare. Qualitative research allows for an in-depth understanding of social and behavioral phenomena through systematic interpretation of data (Bingham, 2023; Pratt, 2025). The descriptive approach is particularly suitable for presenting a comprehensive and structured picture of the current state of knowledge, focusing on how GPs contribute to health promotion and disease prevention across different contexts (Abraham & P, 2024; Doyle dkk., 2019).

The data sources used in this study consist of academic books, peer-reviewed journal articles, and official documents relevant to the topic of health promotion, disease prevention, and the role of GPs in primary care. Primary data are obtained from academic databases, including international journals such as *The European Journal of General Practice*, *BMC Primary Care*, and *Journal of Primary Care & Community Health* (AbdulRaheem, 2023; Piessens dkk., 2025). Supporting materials, such as methodological texts and theoretical works on qualitative descriptive research and literature-based analysis, are drawn from sources discussing methodological rigor and validation in qualitative research (Bandaranayake, 2024; Bingham, 2023). This combination of data types ensures both the depth and

breadth necessary for a comprehensive understanding of the phenomenon.

Data collection was conducted through an extensive literature review and document analysis. The process began with identifying relevant keywords such as "general practitioner," "preventive care," "health promotion," and "primary healthcare." Inclusion criteria included sources published between 2015 and 2025, written in English, and available in peer-reviewed journals or official health organization reports. Excluded from the review were sources lacking empirical evidence, theoretical grounding, or publication credibility (Granikov dkk., 2020; Jimenez dkk., 2024). The document analysis technique involved extracting significant concepts, theoretical propositions, and empirical findings that aligned with the research objectives (Togia & Malliari, 2017).

The data analysis followed a multi-phase qualitative analytic process comprising data identification, reduction, categorization, and interpretation. Initially, selected studies were identified and grouped based on thematic relevance to promotive and preventive healthcare. The next stage involved data reduction, where redundant or irrelevant information was eliminated to enhance conceptual clarity. Subsequently, concept categorization was conducted through thematic analysis, identifying recurring themes such as the role of GPs in primary prevention, professional challenges, and interprofessional collaboration (Bingham, 2023; Vila-Henninger dkk., 2022). The final phase, interpretative synthesis, involved drawing inductive conclusions that captured both theoretical and practical implications (Belotto, 2018; Fife & Gossner, 2024).

To ensure validity and reliability, this study applied multiple strategies for maintaining data credibility. Source triangulation was employed by comparing findings across various journals, regions, and health system contexts (Kalpokaite & Radivojevic, 2018). In addition, the researcher applied conceptual peer review, involving cross-checking interpretations against established theories in qualitative research and health promotion (Abraham & P, 2024; Baillie, 2019). Transparency was maintained through an audit trail documenting each stage of the analysis, ensuring that interpretations were traceable and verifiable (Bingham, 2023).

In alignment with its qualitative-descriptive orientation, this methodological framework is designed to provide a rich, systematic, and contextualized understanding of GPs' contributions to

promotive and preventive healthcare. The combination of descriptive presentation and inductive reasoning allows for the emergence of nuanced insights from diverse literature sources. By integrating theoretical, empirical, and methodological perspectives, this study not only synthesizes existing knowledge but also identifies research gaps and implications for policy and practice (Bandaranayake, 2024; Pratt, 2025). The methodological rigor ensures that findings derived from this literature review are credible, relevant, and applicable for advancing public health and primary care strategies. Through this approach, the study offers a clear methodological contribution by demonstrating how qualitative descriptive inquiry can effectively illuminate conceptual and practical dimensions of primary care.

RESULTS

The results of this literature study reveal a comprehensive and multidimensional understanding of the contribution of general practitioners (GPs) in promotive and preventive healthcare. The reviewed

studies consistently highlight that GPs serve as a pivotal component in achieving equitable and sustainable health systems, particularly through their accessibility and continuous contact with patients (Abdullah dkk., 2022; Sunwoo, 2022). Their dual role in health promotion and disease prevention extends beyond the clinical setting, encompassing behavioral counseling, early detection, and community health education (Kumar et al., 2024).

1. Core Contributions of General Practitioners

GPs’ promotive activities are largely focused on healthy lifestyle education, smoking cessation counseling, nutritional management, and physical activity promotion (Abdullah dkk., 2022; Sunwoo, 2022). Meanwhile, preventive efforts center around immunization, screening for chronic diseases, and early identification of risk factors, which are essential for reducing long-term healthcare costs and improving population well-being (AbdulRaheem, 2023; Mańczuk dkk., 2023). These contributions reflect the integral role of GPs in bridging clinical and community health practices.

Table 1. Summarizes The Specific Domains Where Gps Contribute Most Effectively, Illustrating How Promotive And Preventive Strategies Are Applied In Daily Practice.

| Aspect | Key Findings | Sources |
|----------------------|--|--|
| Health Promotion | Lifestyle education, counseling, early detection | (Abdullah dkk., 2022; Kumar dkk., 2024; Sunwoo, 2022) |
| Disease Prevention | Immunization, screening, risk management | (AbdulRaheem, 2023; Kumar dkk., 2024; Mańczuk dkk., 2023) |
| Challenges | Time constraints, workload, lack of incentives | (Gräfe dkk., 2025; Rønnevik dkk., 2022; Schwartz dkk., 2020) |
| Supporting Factors | Professional commitment, interprofessional collaboration, technology | (Brandt dkk., 2024; Gooley dkk., 2024; Jeannic dkk., 2021; Moheteb dkk., 2025) |
| Community Engagement | Patient education and community-based interventions | (Gooley dkk., 2024; Jeannic dkk., 2021; Mańczuk dkk., 2023) |

2. Implementation Effectiveness and Challenges

Despite their significant contributions, studies indicate persistent implementation challenges that hinder the optimal role of GPs in prevention and health promotion. The most frequently cited barriers include limited consultation time, excessive administrative

workload, insufficient system support, and inadequate financial incentives (Gräfe dkk., 2025; Rønnevik dkk., 2022; Schwartz dkk., 2020). Research from Europe and Australia emphasizes that team-based care and community partnerships enhance the success of preventive programs, yet these collaborative models

remain underutilized (Dieckelmann dkk., 2022; Gooley dkk., 2024; Moheteb dkk., 2025).

GPs who work within multidisciplinary teams report higher satisfaction and efficiency, particularly when preventive strategies are integrated into routine clinical workflows (Moheteb dkk., 2025). These findings suggest that strengthening organizational structures and support systems can significantly improve the implementation of preventive care.

3. Factors Influencing GP Engagement

A key determinant of successful preventive practice is the physician's professional belief system. GPs with a salutogenic orientation—emphasizing the promotion of well-being rather than disease management—tend to be more proactive in preventive initiatives (Brandt dkk., 2024). However, many practitioners still adopt a predominantly curative focus, often due to insufficient training in health promotion methodologies (Rønnevik dkk., 2022; Schwartz dkk., 2020). This indicates a need for educational reforms that emphasize preventive health competencies during medical training and continuing education programs.

4. Collaboration, Innovation, and Technology Integration

Collaboration among GPs, allied health professionals, and community organizations is a major enabler of effective health promotion (Dieckelmann dkk., 2022). Moreover, recent studies highlight the potential of technological innovations—such as e-health tools and digital prevention platforms—to expand preventive outreach (Gooley dkk., 2025; Jeannic dkk., 2021). These technologies enhance accessibility, enable personalized interventions, and facilitate long-term follow-up of patients at risk. The integration of digital solutions into primary care has also been shown to improve efficiency and data accuracy, contributing to more targeted prevention strategies (Moheteb dkk., 2025).

5. Community-Based and Patient-Centered Approaches

Evidence shows that community involvement and patient engagement are critical to sustaining preventive outcomes (Gooley dkk., 2024; Mańczuk dkk., 2023). Programs that empower patients to take an active role in managing their health demonstrate greater adherence and behavior change success rates. In this regard, GPs act as both clinicians and educators, reinforcing preventive messages tailored to patients' sociocultural contexts. Community-level outreach,

supported by interdisciplinary teams, enhances both reach and equity in preventive care delivery.

6. Comparative Insights and Emerging Trends

When compared with previous studies, recent findings underscore a shift from disease-centered prevention to health-promotion-oriented models. Earlier works tended to focus on secondary prevention, such as chronic disease management, whereas current research increasingly emphasizes primary and primordial prevention targeting healthy populations (Abdullah dkk., 2022; Kumar dkk., 2024). This evolution indicates growing recognition of GPs' potential to influence determinants of health beyond the clinical encounter. Nonetheless, systemic barriers—particularly workload and resource constraints—continue to limit the translation of preventive ideals into everyday practice.

Overall, the literature converges on the conclusion that the effectiveness of GPs in promotive and preventive health efforts depends on integrated systems, interprofessional collaboration, adequate training, and technological support. Future policies should focus on creating enabling environments that align healthcare delivery with preventive health goals, reinforcing the GP's position as a cornerstone of population health advancement.

DISCUSSION

The analysis of findings from this literature study demonstrates that the role of general practitioners (GPs) in promotive and preventive healthcare is crucial for strengthening public health systems. The results align with the theoretical perspective of the health promotion model proposed by Pender, which emphasizes the proactive role of individuals and professionals in fostering well-being through lifestyle modification, behavioral change, and empowerment (Sunwoo, 2022). GPs embody this model through patient education, early detection, and preventive interventions (Abdullah dkk., 2022; Kumar dkk., 2024). However, the extent of their impact depends largely on contextual and systemic factors such as healthcare infrastructure, policy support, and interprofessional collaboration (Gräfe dkk., 2025; Moheteb dkk., 2025).

Empirically, the literature reveals that GPs contribute effectively to primary and primordial prevention by promoting health awareness, encouraging vaccination, and screening for chronic diseases (AbdulRaheem, 2023; Mańczuk dkk., 2023). These activities resonate with the preventive

healthcare framework, which classifies prevention into four levels—primordial, primary, secondary, and tertiary—each requiring physician participation. Nonetheless, the persistent dominance of curative approaches within healthcare systems restricts GPs from fully exercising their preventive roles (Schwartz dkk., 2020). This imbalance underscores a systemic gap between public health ideals and clinical realities, reinforcing the need for policy-level interventions to integrate promotive and preventive priorities within primary care practice (Rønnevik dkk., 2022).

The findings also support the notion that professional orientation and belief systems significantly shape preventive engagement. Physicians with a salutogenic orientation—who focus on promoting health rather than merely treating disease—demonstrate greater initiative in patient education and health promotion (Brandt dkk., 2024). This observation is consistent with behavioral health theories emphasizing internal motivation, professional autonomy, and perceived self-efficacy as drivers of preventive practice. However, in contexts where workload pressures and limited consultation time prevail, even well-intentioned physicians struggle to maintain consistent preventive routines (Dieckelmann dkk., 2022; Gräfe dkk., 2025). Thus, organizational and structural reforms are required to foster a culture that rewards prevention-oriented care.

A notable development from the reviewed studies is the increasing integration of technological innovations in prevention. The use of e-health platforms, teleconsultation, and data-driven prevention systems has enhanced accessibility and monitoring in primary care settings (Gooley dkk., 2025; Jeannic dkk., 2021). This reflects the diffusion of innovation theory, which explains how new technologies are adopted in professional practice when perceived as advantageous, compatible, and easy to use. Nonetheless, the digital divide remains a challenge, as not all patients or healthcare settings have equal access to these technologies. To optimize outcomes, digital health strategies must be embedded within inclusive frameworks that consider literacy, accessibility, and cultural adaptability (Moheteb dkk., 2025).

Furthermore, the literature emphasizes that collaboration and community engagement are indispensable for successful preventive health efforts. GPs who work within multidisciplinary teams—alongside nurses, dietitians, psychologists, and public health specialists—achieve higher levels of preventive

impact (Gooley dkk., 2024; Moheteb dkk., 2025). This aligns with the social-ecological model, which posits that health outcomes are shaped by interactions between individual, interpersonal, community, and policy-level determinants. By fostering community partnerships and patient-centered interventions, GPs can address social determinants of health more effectively (Mańczuk dkk., 2023). Nonetheless, variations in resource allocation, policy commitment, and healthcare training often limit the scalability of such initiatives (Rønnevik dkk., 2022).

Several factors influencing the variability of outcomes emerge from the reviewed studies. These include healthcare system design, physician workload, preventive education, and the presence of supportive technologies. For instance, in health systems with strong primary care orientation—such as those in Scandinavia and Western Europe—GPs show higher preventive engagement compared to those in fragmented or hospital-centered systems (Dieckelmann dkk., 2022; Rønnevik dkk., 2022). Conversely, in resource-constrained settings, GPs often prioritize acute care over prevention due to patient demand and institutional expectations (Schwartz dkk., 2020). This contrast illustrates the importance of aligning systemic incentives and workload distribution with preventive health goals.

Despite these promising findings, several limitations are identified in the reviewed literature. Many studies rely on self-reported surveys or qualitative interviews, which may introduce response bias (Brandt dkk., 2024; Gräfe dkk., 2025). Additionally, variations in study design and measurement tools complicate cross-study comparison. Few studies provide long-term outcome data linking preventive interventions with population health metrics. Future research should therefore adopt longitudinal and mixed-methods designs to examine causal pathways between GP-led preventive interventions and health outcomes (Gooley dkk., 2025; Mańczuk dkk., 2023).

In conclusion, this analysis reinforces that the contribution of GPs in promotive and preventive healthcare is both substantial and multifaceted, encompassing behavioral change facilitation, risk management, and community empowerment. However, realizing this potential requires institutional reforms, enhanced professional training, and equitable resource distribution. The integration of technology, collaborative models, and policy-level incentives will be pivotal in transforming preventive health into a

sustainable and measurable component of primary care systems. The findings contribute to theoretical enrichment by validating the interconnectedness of individual motivation, systemic support, and societal context in shaping preventive medical practice..

CONCLUSION

This qualitative literature study concludes that general practitioners (GPs) play a pivotal and multidimensional role in promotive and preventive healthcare, serving as the backbone of primary health systems. The findings reveal that GPs contribute substantially through patient education, lifestyle modification, early disease detection, immunization, and chronic disease prevention. These contributions align with the health promotion model and the preventive healthcare framework, emphasizing the shift from curative to proactive care. The synthesis also shows that professional beliefs, interprofessional collaboration, and technological innovation are key enablers of effective preventive practice, while systemic barriers—such as limited consultation time, lack of incentives, and insufficient structural support—remain significant obstacles. Theoretically, this study reinforces the integration of behavioral health and organizational theories in understanding physician engagement in prevention. Socially and culturally, the findings highlight the need for context-sensitive interventions that consider local community dynamics, patient empowerment, and digital health equity. Despite its limitations in relying solely on secondary literature, this study offers valuable insights that can guide policy formulation, medical education reform, and future empirical research to strengthen GPs' preventive roles and advance sustainable primary healthcare systems.

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