research

The family GP

A valued resource for families with young babies

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BACKGROUND There is little research citing the changing health needs of families with newborn babies.
METHODS Sixteen families participated in a series of interviews during their babies' first year. Data collection and analysis were driven by grounded theory techniques.
RESULTS Parents drew upon a range of resources and strategies to maintain both individual and family health. Child and family oriented general practitioners were an important health resource, and parents spent considerable effort in finding a suitable one.
DISCUSSION General practitioners seen as trustworthy, accessible and skilled are highly valued and sought after.

This study was prompted by concern that the current focus of health services on families at high risk for poor child health outcomes[1] may overlook the needs of others. Little is known about how families maintain the health of well children; research has largely focussed on those with health problems[2–4] or the role of health care providers. Much of this research is based on the experiences of mothers,[5,6] particularly first time mothers. The author therefore set out to explore how families manage the health of their well children. This article describes the study's findings in relation to general practitioners.

Methods

This qualitative study used a grounded theory approach.[7] Participants were selected purposefully to maximise variation in the data using a theoretical sampling grid. A family was defined as a mother and her new infant, together with any other people the mother identified as being part of her family usually living in the same household. Sixteen families with at least one adult family member who spoke English were recruited on the postnatal wards of a major maternity hospital in Brisbane (Queensland) over a two month period. The babies were singleton healthy infants, born at or near term without major pre- or post-natal complications to either infant or mother. Midwives identified mothers who met the inclusion criteria for the study. After consent was obtained, family details were used to confirm that participants represented each category (Table 1).

Unstructured interviews were conducted every three months in the family home during the baby's first year as parents faced new situations and health decisions (such as whether to use particular services). Family data were compared as the babies progressed through similar stages.

University and the relevant hospital ethics committees approved the study. Interviews were transcribed. The data were open coded initially. Transcriptions were examined by line, sentence and paragraph. Codes that seemed to fit together were clustered into manageable and meaningful themes or categories. When the central theme was identified, open coding ceased and related themes were further analysed until new data added no further explanation of the emerging concepts and themes.

To determine the best fit of themes within the emerging substantive theory, a matrix of perspective, context, conditions, processes and consequence was used.[8]

Results

A theory of 'balancing' was developed to explain how parents with babies initiate strategies to meet individual and family health needs. This is an ongoing process of adjustment. Families faced additional demands on their resources as they adjusted to meet the needs of the new baby. Important factors included the

Table 1. Participant families

Family type	Number of children		Mother's age		Socioeconomic status*					Mother born in		Mother plans to return to work	
	1	☐2	☐19	>19	L	LM	M	UM	H	Australia	Overseas**	Yes	No
Couple	5	7	–	12	–	3	6	2	1	9	3	6	6
Sole parent	2	–	2	–	2	–	–	–	–	1	1	–	2
Blended	1	1	–	2	–	1	–	–	1	2	–	2	–
Total	8	8	2	14	2	4	6	2	2	12	4	8	8

* Socioeconomic status based on parents' employment, education and housing status
** Jordan, Korea, Samoa, and Sri Lanka
(L=low, LM=lower middle, M=middle, UM=upper middle, H=high socioeconomic status)

Table 2. Qualities sought in GPs

Accessibility

Kerry: We've only gone to see him (GP) really to get the needles done and then for everything else we've gone down to the local medical centre because... Greg: It always seemed to be on a weekend that she got sick.

Continuity of care

Carol: We've got to find another doctor...it would be nice to have someone close... all our records are at the other clinic too, which is why I wanted to keep going there.

Individual care

Anne: She was great. Just having that personalised care I think cause she knew me and you could relax, you could just say whatever and cos you know that she knows you...

Child oriented

Mark: I think we'll just ring them up first and just ask them if they specialise in young kids and children...I suppose you can just go and see them.

Family oriented

Robert: I try to make most of his (immunisation) appointments for after I have finished work (so that I can go too).

Congruent with parents' beliefs

Shazia: I have a doctor in here at 'X'. It is closer and easier for me.
Ali: We prefer for my wife to have a woman doctor.

Table 3. Strategies in choosing a GP

'Trying out' the service

Erica: It's really hard to try and find a doctor for your kids...there's a few doctors around here though, we've just got to find one...We need to check them out.

Receiving recommendations

Kerry: A girlfriend recommended the lady that she was seeing so I was going to see her for Lauren's injections, but then my obstetrician recommended a fellow down at X. He was very nice and she had her first injections, and it was good.

Prioritising

Lisa: She was my doctor when I was at uni and she's just been my doctor and I didn't want to go to anyone over this side because I like her so much so I travel over there to see her.

Settling for what is available

Mark: We haven't got an actual family doctor yet...we just looked him up in the phone book.

Erica: Because it was 12.30 at night...so we had to get an after hours doctor.

parents' expectations, values and beliefs about families with babies, and resources (particularly health and social resources and time). Processes or actions by the parents to meet concurrent needs were categorised as 'anticipating', 'responding' and 'confirming'. 'Balance' is a dynamic state based on parents' perceptions of their ability and resources to ensure individual and family wellbeing.

Parents had very clear expectations of GPs and took considerable care in choosing one (Table 2). Some found this difficult; a GP perceived to have expertise and interest in child health (and who was trusted) was often not available after hours. After hours medical practices were not preferred because they did not have the family's health records, and were unfamiliar with their child.

Appointment times for GP visits were also difficult for parents who often wanted to attend health consultations together, and therefore needed after work appointments. Scheduling appointments was also a problem for mothers with young children who had returned to paid work. A strategy used by some mothers to save time was to delay attending the GP for their six week postnatal

check until their baby was due for immunisation at eight weeks, even though this caused them concern that they may not be 'doing the right thing' (Table 3).

Discussion

The families in the study were not representative, so the results are not generalisable. Nevertheless, this study confirms parents with a new baby experience many new demands on their time, and try to make the most of available resources.[9,10] Most families generally manage day-to-day challenges with limited resources and competing needs well. They seek family friendly health services, such as GPs with extended hours, who promote a feeling of trust and expertise in child health.

Implications of this study for general practice

- Little is known about health needs of families with a new born baby.
- This qualitative research shows that families seek out several qualities in GPs. These are:
  - accessibility (especially after hours)
  - trust
  - expertise in child health.

Conflict of interest: none declared.

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