STAVOVI LIJEČNIKA OBITELJSKE MEDICINE PRIMORSKOGORANSKE ŽUPANIJE PREMA PSIHOLOŠKIM METODAMA U LIJEČENJU SOMATSKIH BOLESTI

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STAVOVI LIJEČNIKA OBITELJSKE MEDICINE PRIMORSKO-GORANSKE ŽUPANIJE PREMA PSIHOLOŠKIM METODAMA U LIJEČENJU SOMATSKIH BOLESTI

/ ATTITUDES OF FAMILY MEDICINE DOCTORS IN PRIMORJE-GORSKI KOTAR COUNTY TOWARDS PSYCHOLOGICAL METHODS IN THE TREATMENT OF SOMATIC DISEASES

Arbanas Jasminka, Frančišković Tanja

SAŽETAK/*ABSTRACT*

Stoljećima je etiološkim promišljanjima u medicini dominirao dualizam psihološkog i tjelesnog. Četrdesetak godina star Engelov koncept biopsihosocijalnog uzroka ponudio je temelje holističkom pristupu koji uvažava biološke, socijalne i psihološke faktore u nastanku svake bolesti. Ipak, u praksi i edukacijskim programima medicinskih stručnjaka zapravo prevladava biološki pristup. Liječnici obiteljske medicine (LOM) imaju veću mogućnost prepoznati i uvažiti psihosocijalne dimenzije bolesti u usporedbi s liječnicima sekundarnog nivoa, koji su i inače skloniji partikularnom, biološkom pristupu. Oni su stoga ključni čimbenici u realizaciji biopsihosocijalnog pristupa koji podrazumijeva liječenje koje će, osim biološke, sadržavati socijalnu i psihološku komponentu. To podrazumijeva i upućivanje pacijenata sa somatskim bolestima na neki od psiholoških oblika liječenja. Da bi se ispitalo kakav stav prema psihološkim metodama liječenja imaju LOM i u kojoj mjeri upućuju svoje somatske pacijente na njih, kontaktirani su zaposlenici i koncesionari Doma zdravlja Primorsko-goranske županije. U istraživanju su primijenjeni: Opći upitnik demografskih podataka, dva kratka upitnika strukturiranih za potrebe ovog istraživanja te Upitnik stavova o traženju stručne psihološke pomoći - skraćeni oblik (ATSPPH-SF). Rezultati govore da LOM imaju pozitivne osobne stavove o traženju stručne psihološke pomoći, neovisno o spolu i godinama radnog staža. Usprkos tome tek ponekad somatske pacijente upućuju psihijatru ili na psihološke metode liječenja, a rijetko na grupe samopomoći. Upućivanje ne ovisi o stavovima prema traženju psihološke pomoći i pohađanju edukacija iz psiholoških metoda liječenja, ali je u pozitivnom odnosu s godinama radnog staža. Preko 50 % upućivanja psihijatru i na psihološke tretmane odnosi se na pacijente s nediferenciranim somatskim simptomima, slijede gastrointestinalne, maligne i kardiovaskularne bolesti. U grupe samopomoći liječnici najviše upućuju pacijente s malignim bolestima (30,5 %), slijede gastrointestinalne, neurološke i reumatske bolesti.

/ For centuries, etiological considerations in medicine have been dominated by the dualism of psychological and physical. Engel's forty-year-old concept of biopsychosocial cause laid

the foundation for a holistic approach that acknowledges the biological, social and psychological factors in the origin of every disease. However, in practice and educational programs of medical professionals, the biological approach actually prevails. Family medicine doctors (FMDs) have a greater ability to recognize and appreciate the psychosocial dimensions of a disease compared to secondary level doctors who are otherwise more inclined to a particular, biological approach.

They are, therefore, key factors in the realization of a biopsychosocial approach which implies treatment that will include a social and psychological component, in addition to the biological one. This includes referring patients with somatic diseases to some form of psychological treatment. We contacted employees and concessionaires of the Primorje-Gorski Kotar County Health Centre in order to examine the attitudes towards psychological treatment methods of FMDs and to what extent they refer their somatic patients to them. The following instruments were used in the research: the General Demographic Data Questionnaire, two short questionnaires structured for the purposes of this study and the Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPH-SF). The results show that FMDs have positive personal attitudes in reference to seeking professional psychological help, regardless of gender and years of service. Despite this, somatic patients are only sometimes referred to a psychiatrist or for psychological treatment, and rarely to self-help groups. Referral does not depend on attitudes towards seeking psychological help and attending training in psychological treatment methods, but is positively related to years of service. Over 50% of referrals to psychiatrists and for psychological treatments refer to patients with undifferentiated somatic symptoms, followed by gastrointestinal, malignant and cardiovascular diseases. Doctors mostly refer patients with malignant diseases to self-help groups (30.5%), followed by gastrointestinal, neurological and rheumatic diseases.

KLJUČNE RIJEČI / *KEYWORDS*

Psihološka pomoć / *Psychological help*, tjelesna bolest / *physical illness*, psihosomatska bolest / *psychosomatic illness*, liječnik / *doctor*, stavovi / *attitudes*

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UVOD

Za razliku od tradicionalne, zapadna je medicina stoljećima bila obilježena dihotomijom tijela i duše, zanemarujući psihološke čimbenike kod somatskih oboljenja. Četrdesetak godina star Engelov koncept biopsihoscijalnog uzroka somatskih oboljenja ponudio je temelje holističkom pristupu, te je doživljen kao novina u zapadnoj medicini, postavši jedan od najcitiranijih medicinskih članaka (1). Na svakom koraku tijekom razvoja, liječenja i zalječenja ili izlječenja neke somatske bolesti, moramo imati na umu da psihološki čimbenici igraju veliku ulogu i da će o njima uvelike ovisiti ishod lječidbenih postupaka. Ipak, u svakodnevnoj praksi i edukacijskim programima medicinskih stručnjaka još uvijek prevladava biološki pristup, kako u somatskoj medicini tako čak i u pristupu mentalnim poremećajima, prema kojima se nerijetko pažnja usmjerava isključivo na tjelesne promjene i procese (2). Liječnici su zapravo dovedeni u dilemu, kojem se konceptu prikloniti u svojem radu (3).

Brojne studije potvrdile su utjecaj kumulativnih biopsihosocijalnih čimbenika na pojavu i tijek bolesti (4,5,6). Psihološke metode liječenja raznim oblicima komunikacije sa stručnjakom olakšavaju bol i patnju ne samo u osoba s mentalnim poremećajima već i kod oboljelih od tjelesno katego-

INTRODUCTION

Unlike traditional medicine, Western medicine has been affected by the body-soul dichotomy for centuries, ignoring the psychological factors in somatic diseases. Engel's 40-year-old concept of the biopsychosocial cause of somatic diseases provided the foundations for a holistic approach and was perceived as a novelty in Western medicine, becoming one of the most cited medical papers (1). At every step in the development, treatment or healing of a somatic disease, we must bear in mind that psychological factors play an important role and that the outcome of medical procedures will largely depend on them. However, the biological approach still prevails in the everyday practice and educational programs of medical professionals, whether in somatic medicine or even in the approach to mental disorders, and the attention is often focused exclusively on physical changes and processes (2). Doctors are thus caught in a dilemma about which concept they should follow in their work (3).

Numerous studies have confirmed the impact of cumulative biopsychosocial factors on the onset and course of a disease (4, 5, 6). Psychological treatment methods that rely on various forms of communication with a specialist can ease the pain and suffering not only in people with mental disorders, but also in patients with physical diseases (7, 8). During the process of psychological treatment, it is necessary to meet the following basic criteria: the availability of

riziranih bolesti (7,8). Tijekom procesa psihološkog liječenja neophodno je zadovoljiti osnovne kriterije: dostupnost stručnjaka mentalnog zdravlja, smanjenje tjeskobe u sigurnom savjetodavnom, socioterapijskom ili psihoterapijskom odnosu, uz mogućnost za ventilaciju emocija i njihovo tumačenje. Postupak zahtijeva aktivnost svih sudionika i vjerovanje u valjanost psihološke metode (9).

Psihotropna medikacija, savjetovanja, različite individualne i grupne psihoterapijske tehnike, socioterapijske tehnike, psihoedukacijske intervencije, postupci upravljanja stresom, mogu značajno utjecati na tijek i ishod bolesti. Suvremeni psihološki pristup podržan je i putem neuroznanstvenih istraživanja koja pružaju mogućnost mjerenja odgovora na terapijske intervencije (10,11). Integracija pozitivnih terapijskih iskustava umanjuje emocionalnu patnju i potiče rast i razvoj osobnosti. Primjerice, istraživanje je pokazalo da kratka psihodinamska psihoterapija kroz individualni program može korigirati suočavanje s tjelesnom bolešću i omogućiti emocionalnu prilagodbu te time utjecati na brži oporavak (12).

Literaturni podatci uglavnom se odnose na uporabu psiholoških metoda u liječenju somatskih bolesti kroz prikaze pojedinih slučaja ili opisane teorije unutar pojedinog psihoterapijskog

mental health professionals, reduction of anxiety in a safe counselling, sociotherapeutic or psychotherapeutic relationship, with the possibility of emotional venting and emotional interpretation. The procedure requires all the participants to be actively involved and to have trust in the validity of psychological methods (9).

Psychotropic medication, counselling, various individual and group psychotherapy techniques, sociotherapeutic techniques, psychoeducational interventions and stress management procedures can significantly affect the course and outcome of a disease. The modern psychological approach is also supported through neuroscientific research that provides the possibility of measuring the response to therapeutic interventions (10, 11). The integration of positive therapeutic experiences reduces emotional suffering and stimulates the growth and development of personality. For example, research has shown that short psychodynamic psychotherapy carried out through an individual program can improve the patient's coping with a physical illness and enable emotional adjustment, thus facilitating their recovery (12).

Literature references refer mainly to the use of psychological methods in the treatment of somatic diseases by presenting individual cases or describing the theory within a particular psychotherapeutic approach (4, 5, 6, 13, 14, 15, 16, 17). Meta-analyses indicate that psychotherapeutic methods of longer duration have a more intense effect on the symp-

pravca (4,5,6,13,14,15,16,17). Meta-analize ukazuju da psihoterapijske metode s dužim trajanjem imaju intenzivniji učinak na dobrobit kako psihijatrijskih tako i somatskih poremećaja (7). Vrijednost se procjenjuje kroz ublažavanje doživljaja patnje, anksioznosti, depresije te intenziteta somatskih tegoba (18). Dugotrajno praćenje somatskih pacijenata, liječenih kognitivno bihevioralnom terapijom u grupnom tretmanu, utvrdilo je značajne promjene u socijalnoj prilagodbi, pozitivnom učinku na somatske simptome i ublažavanje psihijatrijskih simptoma (19). Potvrđen je utjecaj psihološke intervencije na optimizaciju imunološke funkcije, čak i utjecaj na poboljšano cijeljenje opekotina, kirurških rana, prijeloma i ulkusnih rana (4,20,21). Psihološke intervencije imale su značajan učinak i na oporavak u akutnom koronarnom sindromu djelujući na anksioznost, depresiju i prihvaćanje bolesti (22).

Osobe sa zajedničkom zdravstvenom problematikom nerijetko podršku traže u grupama samopomoći ili udrugama koje su načelno volonterske (23). U Hrvatskoj postoji 3 300 registriranih aktivnih udruga u području zaštite zdravlja. Upućivanje pacijenata u takve grupe najčešće je motivirano nastojanjem da se bolesnici bolje nose sa spoznajom o potencijalno neizlječivom ili smrtnom oboljenju. Obilježava ih dinamika temeljena na podršci i osnaživanju kroz

toms of both psychiatric and somatic disorders (7). Their validity is assessed through their ability to alleviate pain, anxiety, depression and the intensity of somatic ailments (18). A long-term follow-up of somatic patients undergoing cognitive behavioral group therapy established significant changes in their social adjustment, as well as a positive effect on their somatic and psychiatric symptoms (19). It was also confirmed that psychological interventions have beneficial effects on the optimization of immune function, including an improved healing of burns, surgical wounds, fractures and ulcer wounds (4, 20, 21). Psychological interventions also had a significant effect on the recovery of patients with an acute coronary syndrome, by affecting their anxiety, depression and acceptance of illness (22).

People suffering from same diseases often seek support in self-help groups or volunteer organizations (23). There are 3,300 registered active associations in the field of health protection in Croatia. Referral of patients to such groups is most commonly motivated by the effort to help patients cope better with the awareness of potentially incurable or fatal illnesses. These groups are characterized by dynamics rooted in support and empowerment through social exchange (24). A family medicine doctor (FMD) serves as the patient's initial point of contact within the healthcare system, and is also the one who receives information referring to all other medical procedures. They

društvenu razmjenu (24). Obiteljski liječnik prva je komunikacija pacijenta sa zdravstvenim sustavom, a također je i onaj koji dobiva informacije iz svih ostalih medicinskih postupaka. On/a češće ima kontakt s pacijentom, nerijetko i cijelom njegovom obitelji od drugih sudionika u lancu zdravstvene skrbi. Na taj je način u prilici imati cjelovitu sliku njegovog zdravstvenog stanja pa je svojim prakticiranjem sveobuhvatnog pristupa u mogućnosti premostiti dihotomiju tjelesno – psihološko i pružiti ili uputiti somatskog pacijenta i na psihološku intervenciju. Primjena psiholoških metoda u kliničkom radu obiteljskog liječnika moguća je i kroz dijadni odnos jer pri svakom susretu i najmanja doza empatije može djelovati terapijski ili kao impuls za uključivanje u druge intervencije iz psihološkog spektra (16). Međutim, stavovi o tome, uz prevladavajuću biološku paradigmu, uvelike su pod utjecajem nepovjerenja i stigme vezanih za mentalne teškoće i psihološke metode liječenja (25).

Izobrazba liječnika uglavnom daje informacije koje bi trebale koristiti liječnicima u razumijevanju važnosti psihološke komponente u liječenju somatskih bolesti. Istraživanja su pokazala da liječnici primarne zaštite imaju veću mogućnost prepoznati i uvažiti psihosocijalne dimenzije bolesti u usporedbi s liječnicima sekundarnog nivoa, još sklonijim partikularnom, biološkom pristupu (26,27,28).

have more frequent interactions with the patient, and sometimes even with the patient's entire family, compared to other participants in the healthcare chain. In so doing, they have a comprehensive understanding of the patient's health condition, and by practicing a comprehensive approach, they can bridge the physical-psychological dichotomy and can also provide a somatic patient with a psychological intervention or refer them to one. The use of psychological methods in the clinical practice of a family medicine doctor is also possible through a dyadic relationship, because in every encounter, even the smallest amount of empathy can have therapeutic effects or serve as an impetus for engaging in other psychological interventions (16). However, attitudes towards this approach, along with the prevailing biological paradigm, are largely influenced by mistrust and stigma associated with mental difficulties and psychological treatment methods (25).

The education of doctors mainly provides information that should guide them in understanding the importance of the psychological component in the treatment of somatic diseases. Research has shown that primary care physicians have a greater ability to recognize and acknowledge the psychosocial dimensions of diseases compared to secondary-level physicians who lean more towards a specific, biological approach (26, 27, 28). Primary care physicians are, therefore, the key factors in the implementation of

Stoga su upravo liječnici primarne zaštite ključni čimbenici u realizaciji biopsihosocijalnog pristupa koji uvažava sve tri grupe etioloških čimbenika u pojavi neke bolesti. No neka istraživanja su pokazala da se, unatoč načelnom prihvaćanju biopsihosocijalnog pristupa i usmjerenosti na pojedinca te uključivanja pacijenta u liječenje, u praktičnom radu liječnika koristi najčešće biološki model. Kao razlog se navodi nedostatak vremena i organizacija zdravstvene skrbi koja uspješnost analizira kroz biomedicinske markere, kliničke inovacije i neposredni financijski dobitak (3).

Studije pokazuju da LOM smatraju da je psihološka intervencija neophodna za većinu pacijenata no samostalno ih ne provode, a upućivanja na tretmane su izuzetno rijetka (26). Liječnici navode da gotovo 70 % bolesnika u obiteljskoj medicini zahtijeva psihološku podršku. Ako sami i provode intervencije to je najčešće u vidu emocionalne podrške i savjetovanja, no najčešće ističu nedostatak formalne obuke (27,29). Značajno je napomenuti da među liječnicima, pa i samim stručnjacima mentalnog zdravlja postoji otpor u prihvaćanju i vlastitih psiholoških tegoba. Nerijetko kada ih i imaju, smatraju da moraju biti emocionalno otporni te da bi priznavanje psihičkih problema vodilo u diskriminaciju u njihovom okruženju (30,31). Usprkos svemu navedenom, istraživanja pokazuju da su LOM uvelike svjesni

a biopsychosocial approach that takes into account all three groups of etiological factors contributing to the onset of a disease. However, certain studies have shown that despite the theoretical acceptance of the biopsychosocial approach and focus on the individual and the involvement of the patient in treatment process, the biological model is most often used in the practical work of doctors. The reason cited is the lack of time and organization in healthcare, which tends to evaluate effectiveness through biomedical markers, clinical innovations and immediate financial gains. (3).

Studies have shown that FMDs perceive psychological intervention as necessary for the majority of patients, yet they do not implement them themselves and referrals for treatments are extremely rare (26). Doctors report that nearly 70% of patients in family medicine require psychological support. If they do conduct interventions themselves, it is predominantly in the form of emotional support and counselling, but they mostly highlight the lack of formal training (27, 29). It is important to note that among doctors, even mental health professionals themselves, there is resistance in accepting their own psychological problems. Quite often, even if they experience such challenges, they believe they must exhibit emotional resilience and fear that acknowledging psychological issues would lead to discrimination in their environment (30, 31). Despite all of the above, research has shown that FMDs are largely

i osjetljivi na psihološke probleme svojih pacijenata (32,33).

Preporuka svjetske zdravstvene organizacije jest da se briga o mentalnom zdravlju integrira u primarnu zdravstvenu zaštitu za sve pacijente. Postojeće razvijene prakse u Europi i svijetu pokazuju brojne prednosti poput veće vjerojatnosti pozitivnih ishoda, smanjenje recidiva i porast kvalitete života. Naravno, preduvjet za postizanje rezultata su dostatni ljudski, vremenski i financijski resursi te povezanost s višim razinama skrbi i institucijama (34).

Cilj ovog rada je ispitati osobnu spremnost LOM-a na traženje psihološke pomoći, utvrditi koliko često upućuju svoje pacijente koji boluju od somatskih bolesti na psihološke intervencije, te radi kojih oboljenja to čine najčešće. Nadalje, analiziran je odnos osobne spremnosti LOM na traženje psihološke pomoći i učestalost upućivanja pacijenata sa somatskim bolestima na psihološke intervencije.

ISPITANICI I METODE

Ispitanici u ovom istraživanju bili su liječnici obiteljske medicine, zaposlenici i koncesionari Doma zdravlja Primorsko-goranske županije sa popisa i kontakata na web stranicama Doma zdravlja PGŽ. Njih 84 radi u timovima Doma zdravlja, a 91 liječnik je koncesionar.

aware of and sensitive to the psychological problems of their patients (32, 33).

The recommendation of the World Health Organization is to integrate mental health care into the primary health care of all patients. The existing developed practices in Europe and worldwide show numerous advantages, such as a higher likelihood of positive outcomes, reduction of relapses and increase in quality of life. Naturally, achieving such results requires sufficient human, time and financial resources, as well as connection with higher levels of care and institutions (34).

The aim of this paper is to examine the personal willingness of FMDs to seek psychological help, to determine how frequently they refer their patients suffering from somatic diseases to psychological interventions, and to identify the most common conditions for which they do. Furthermore, the relationship between the personal willingness of FMDs to seek psychological help and the frequency of referring patients with somatic diseases to psychological interventions is also analyzed.

RESPONDENTS AND METHODS

The respondents in this study were family medicine doctors, employees and concessionaires of the Primorje-Gorski Kotar County Health Centre from the list and contacts on the Health Centre's website. Among them, 84 work in the Health Centre teams and 91 doctors are concession-

sionar. To čini uzorak od ukupno 165 liječnika obiteljske medicine.

Presječno eksperimentalno istraživanje provedeno je u razdoblju od 01.05. do 30.06.2022. godine putem internetskog anketnog upitnika platformom Google Forms, nakon dobivene dozvole Etičkog povjerenstva Doma zdravlja Primorsko-goranske županije i Etičkog povjerenstva Fakulteta zdravstvenih studija Rijeka. Vrijeme potrebno za popunjavanje svih stavki ankete bilo je prosječno 8 minuta.

Postupak i instrumenti

Upitnik s osnovnim podatcima, informiranim pristankom i anketnim skalama dostavljen je putem elektroničke pošte na 165 adresa liječnika obiteljske medicine, zaposlenika i koncesionara Doma zdravlja PGŽ. Liječnicima koji nisu ispunili upitnik kroz 15 dana poslan je podsjetnik nakon dva tjedna, a postupak je ponovljen također nakon dva tjedna.

U svrhu dobivanja osnovnih demografskih podataka za potrebe ovog istraživanja strukturiran je Opći upitnik koji se sastoji od sedam pitanja o spolu, godinama staža, edukaciji o psihološkoj tehnici te diferentnostima upućivanja somatskih pacijenata na psihološke metode liječenja. Zavisna varijabla učestalosti upućivanja zbrinjavanih paci-

aires, resulting in a total sample of 165 family medicine doctors.

The cross-sectional experimental study was conducted in the period from 1 May to 30 June 2022, via an online survey questionnaire using the Google Forms platform, after obtaining the approval of the Ethics Committee of the Primorje-Gorski Kotar County Health Centre and the Ethics Committee of the Rijeka Faculty of Health Studies. The participants required approximately 8 minutes on average to complete all the items of the survey.

Procedure and Instruments

A questionnaire containing basic information, informed consent and survey scales was sent via email to 165 addresses of family medicine doctors, employees and concessionaires of the PGC Health Centre. Doctors who did not fill out the questionnaire within 15 days were sent a reminder after two weeks, and the process was repeated after another two weeks.

In order to obtain basic demographic data for the purposes for this study, a General Questionnaire was structured consisting of seven questions about gender, years of professional experience, education in psychological techniques and differences in referring somatic patients for psychological treatment. The dependent variable of the frequency of referrals for treated patients suffering from somatic diseases for psychological treatment was determined based on responses to the following three Likert-type questions

jenata koji boluju od somatske bolesti na psihološke tretmane utvrđena je odgovorima na tri postavljena pitanja likertovog tipa od 0 do 4: Koliko često upućujete somatske pacijente; psihijatru/ na psihološki tretman/ u grupe samopomoći. Operacionalizirani su kroz četiri opcije: stalno, često, ponekad, rijetko, nikad. Podatci za nominalnu varijablu vrste bolesti radi kojih LOM najčešće upućuje na psihološke intervencije dobiveni su pomoću tri pitanja koja zahtijevaju tri navoda bolesti. Pitanja su: Radi koje ste somatske bolesti pacijenta uputili psihijatru /na psihološki tretman/ u grupe samopomoći?

Za ispitivanje stavova o traženju stručne psihološke pomoći korištena je skala Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), standardizirana psihometrijska skala stavova o traženju stručne psihološke pomoći. Dostupna je slobodnim preuzimanjem s internetske stranice uz navođenje, i sastoji se od deset pitanja (35). Skala je višekratno korištena na hrvatskom jeziku, također je ponovo prevedena za potrebe ovog istraživanje i uspoređena sa postojećim prijevodom (36,37). Upotrijebljena je za mjerenje nezavisne varijable subjektivnih stavova liječnika o traženju psihološke pomoći, a operacionalizira se kroz tri faktora: otvorenost traženja stručne pomoći, vrijednost traženja stručne pomoći i osobne konfrontacije. Mjerna ljestvica

ranging from 0 to 4: How often do you refer somatic patients; to a psychiatrist/ for psychological treatment/ to self-help groups. These responses were operationalized across four options: always, often, sometimes, rarely, never. Data for the nominal variable of the type of disease for which the FMDs most frequently refer patients to psychological interventions were obtained through three questions requiring three diseases indicated. The questions are the following: For which somatic diseases have you referred a patient to a psychiatrist / for psychological treatment / to self-help groups.

In order to assess the attitudes towards seeking professional psychological help, the Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPH-SF) was used, which is a standardized psychometric scale measuring attitudes towards seeking professional psychological help. It is available for free download from a website, with proper attribution, and consists of ten questions (35). The scale has been used extensively in the Croatian language, it was translated again for the purposes of this study, and then compared with the existing translation (36, 37). It was used to measure the independent variable of doctors' subjective attitudes towards seeking psychological help, operationalized through three factors: openness to seeking professional help, value in seeking professional help and preference to cope on one's own. The measuring scale consists of ten Likert scale items ranging from 0 = "Dis-

sastoji se od 10 stavki likertove skale u rasponu 0= „Ne slažem se" do 3 = „Slažem se" Maksimalan broj bodova je 30, a pozitivniji rezultat ukazuje na manje otpora. Skala pokazuje unutarnju pouzdanost u rasponu od 0,82 do 0,84 (35).

Statistička obrada podataka

Odnos osobne spremnost LOM na korištenje psihološke metode liječenja i učestalost upućivanja pacijenta sa somatskim bolestima na psihološke intervencije analizirana je Pearsonovim koeficijentom korelacije. Za nominalnu varijablu vrsta bolesti radi kojih LOM najčešće upućuju na psihološke intervencije odgovori su prikazani unutar deskriptivne statističke analize i postocima, te s najučestalijim odgovorom. Kod deskriptivne statistike za svaku varijablu utvrđeni su aritmetička sredina i standardna devijacija ili medijan i pripadajuće mjere raspršenja, ovisno o raspodjeli dobivenih rezultata, te su primijenjeni odgovarajući parametrijski ili neparametrijski testovi. Za obradu podataka dobivenih istraživanjem korišten je statistički program IBM SPSS Statistics 21.

REZULTATI

U istraživanju je ukupno sudjelovao 71 liječnik opće medicine, od čega 17 muškaraca (23,9 %) i 54 žene (76,1 %), s

agree" to 3 = "Agree". The maximum score is 30, with a more positive outcome indicating less resistance. The scale shows internal reliability ranging from 0.82 to 0.84 (35).

Statistical data processing

The relationship between the personal willingness of FMDs to use psychological treatment methods and the frequency of referring patients with somatic diseases to psychological interventions was analyzed using the Pearson correlation coefficient. The responses referring to the nominal variable of the types of diseases for which FMDs most frequently refer patients to psychological interventions are presented within the framework of descriptive statistical analysis, in percentages, and with the most frequent response. With regard to descriptive statistics, the arithmetic mean and standard deviation or median and corresponding measures of dispersion were determined for each variable, depending on the distribution of the obtained results, and appropriate parametric or non-parametric tests were applied. The statistical software IBM SPSS Statistics 21 was used to process the data obtained from the research.

RESULTS

A total of 71 general practitioners participated in the study, 17 of which were men (23.9%) and 54 were women (76.1%), with

rasponom duljine radnog staža od 0 do 42 godine.

Edukacije iz psiholoških metoda liječenja pohađalo je 17 (23,9 %) ispitanika, njih 9 (5,2 %) završilo je neku od psihoterapijskih edukacija (3 su završili kognitivno-bihevioralnu psihoterapiju, 3 grupnu analizu, 2 transakcijsku analizu, jedan *gestalt* psihoterapiju). Ostalih 8 liječnika (4,8 %) prošlo je edukacije za pojedina psihološka područja, poput edukacije za klub liječenih alkoholičara, liječenje depresivnih poremećaja i razne vrste psihološkog savjetovanja.

Prema rezultatima na ATSPPH-SF skali, ispitanici su iskazali pozitivan stav prema traženju psihološke pomoći (X=22,99; SD=4,03). Rezultati cijelog uzorka su prikazani u tablici 1.

their work experience ranging from 0 to 42 years.

Regarding education in psychological treatment methods, 17 respondents (23.9%) underwent such training, nine of them (5.2%) completed some form of psychotherapy training (three in cognitive-behavioral psychotherapy, three in group analyses, two in transactional analyses, one in Gestalt psychotherapy). The remaining eight doctors (4.8%) underwent training in certain psychological areas, such as training for alcoholism treatment, depressive disorders treatment and various forms of psychological counselling.

According to the results obtained from the ATSPPH-SF scale, the respondents exhibited a positive attitude towards seeking psychological help (X=22.99; SD=4.03). The results of the entire sample are presented in Table 1.

Tablica 1. Prikaz dobivenih rezultata čestica ATSPPH-SF skale cijelog uzorka s aritmetičkim sredinama i standardnim devijacijama
Table 1. Presentation of the obtained results of ATSPPH-SF scale items for the entire sample with arithmetic means and standard deviations

	0 N (%)	1 N (%)	2 N (%)	3 N (%)	X	SD
Kad bih vjerovao da imam psihički slom, moja bi prva sklonost bila dobiti stručnu pažnju / If I believed I was having a mental breakdown, my first inclination would be to get professional attention						
ATSPPH_1	0 (0.0)	1 (1.4)	22 (31.0)	48 (67.6)	2.66	0.51
Ideja razgovaranja o problemima sa psihologom čini mi se lošim načinom uklanjanja emocionalnih sukoba / The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.						
ATSPPH_2	52 (73.2)	7 (9.9)	5 (7.0)	7 (9.9)	0.54	1.00

Tablica 1. Prikaz dobivenih rezultata čestica ATSPPH-SF skale cijelog uzorka s aritmetičkim sredinama i standardnim devijacijama *(nastavak)*
Table 1. Presentation of the obtained results of ATSPPH-SF scale items for the entire sample with arithmetic means and standard deviations *(continued)*

	0 N (%)	1 N (%)	2 N (%)	3 N (%)	M	SD
Da u ovoj fazi svog života doživljavam ozbiljnu emocionalnu krizu, bio bih uvjeren da bih olakšanje mogao pronaći u psihoterapiji / If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.						
ATSPPH_3	2(2.8)	4 (5.6)	25 (35.2)	40 (56.3)	2.45	0.73
Postoji nešto vrijedno divljenja u stavu osobe koja je spremna nositi se sa svojim sukobima i strahovima bez pribjegavanja stručnoj pomoći / There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.						
ATSPPH_4	23 (32.4)	17 (23.9)	25 (35.2)	6(8.5)	1.20	0.99
Da sam duže vrijeme zabrinut ili uznemiren, želio bih dobiti psihološku pomoć / I would want to get psychological help if I were worried or upset for a long period of time						
ATSPPH_5	1(1.4)	2 (2.8)	22 (31.0)	46 (64.8)	2.59	0.62
Možda bih u budućnosti želio ići na psihološko savjetovanje / I might want to have psychological counselling in the future.						
ATSPPH_6	9(12.7)	8(11.3)	27 (38.0)	27 (38.0)	2.01	1.01
Osoba s emocionalnim problemom vjerojatno ga neće riješiti sama; on ili ona vjerojatno će ga riješiti uz stručnu pomoć / A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.						
ATSPPH_7	2 (2.8)	7 (9.9)	43 (60.6)	19 (26.8)	2.11	0.69
Uzimajući u obzir potrebno vrijeme i trošak psihoterapije, bila bi od upitne koristi osobi poput mene / Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.						
ATSPPH_8	33 (46.5)	18 (25.4)	16 (22.5)	4(5.6)	0.87	0.96
Osoba treba riješiti vlastite probleme; traženje psihološkog savjetovanja bilo bi posljednja mogućnost / A person should work out his or her own problems; getting psychological counselling would be a last resort.						
ATSPPH_9	46 (64.6)	16 (22.5)	8 (11.3)	1(1.4)	0.49	0.75
Osobne i emocionalne tegobe, kao i mnoge stvari, obično se rješavaju same od sebe / Personal and emotional troubles, like many things, tend to work out by themselves.						
ATSPPH_10	36 (50.7)	17 (23.9)	18 (25.4)	0 (0.0)	0.75	0.84

Rezultati su pokazali da je većina ispitanika tijekom svog radnog vijeka barem jednom uputila svojeg somatskog pacijenta psihijatru, dvije trećine njih uputili su svoje pacijente na psihološke tretmane, a tek trećina u grupe samopomoći (tablica 2).

Učestalost slanja somatskih pacijenata psihijatru, na psihološke tretmane ili grupe samopomoći prikazani su u tablici 3.

LOM upućuje svoje somatske pacijente psihijatru ponekad (X 2,77), ponekad upućuju i na psihološke metode liječenja (X 2,56) dok u grupe samopomoći upućuju rijetko (X 1,93).

U dodatnoj obradi podataka analizirane su povezanosti između spola, duljine

The results showed that the majority of respondents referred their somatic patient to a psychiatrist at least once during their career, two-thirds of them referred their patients for psychological treatments, and only one-third made referrals to self-help groups (Table 2).

The frequency of referring somatic patients to a psychiatrist, for psychological treatments or to self-help groups is shown in Table 3.

FMDs sometimes refer their somatic patients to psychiatrists (SD 2.77), they also sometimes refer them for psychological treatment (SD 2.56), while they rarely refer them to self-help groups (SD 1.93).

In the course of additional data processing, we analyzed the connections of gender, years of professional experience and

Tablica 2. Upućivanje na psihološke metode liječenja ikada tijekom radnog staža
Table 2. Referrals for psychological treatment at any point during their career

Upućivanje psihijatru ikada / Referral to a psychiatrist at any point	n (%)
Da / Yes	65 (91,5 %)
Ne / No	6 (8,5 %)
Upućivanje na psihološki tretman ikada / Referral for psychological treatment at any point	n (%)
Da / Yes	48 (67,6 %)
Ne / No	23 (32,4 %)
Upućivanje u grupe samopomoći ikada / Referrals to self-help groups at any point	n (%)
Da / Yes	23 (32,4 %)
Ne / No	48 (67,6 %)

Tablica 3. Prikaz frekvencije odgovora, aritmetičkih sredina i standardnih devijacija učestalosti upućivanja psihijatru, na psihološke tretmane i u grupe samopomoći
Table 3. Presentation of the response frequency, arithmetic means and standard deviations of the frequency of referrals to a psychiatrist, for psychological treatments and to self-help groups

	Nikada / Never 0 N (%)	Rijetko / Rarely 1 N (%)	Ponekad / Sometimes 2 N (%)	Čest / Often 3 N (%)	Stalno / Always 4 N (%)	X	SD
Koliko često upućujete somatske pacijente psihijatru? / How often do you refer somatic patients; to a psychiatrist?	5 (7,0)	18 (25,4)	38 (53,5)	8 (11,3)	2 (2,8)	2,77	0,85
Koliko često upućujete somatske pacijente na neki od psiholoških tretmana? / How often do you refer somatic patients for psychological treatment?	10 (14,1)	21 (29,6)	31 (43,6)	8 (11,3)	1 (1,4)	2,56	0,92
Koliko često upućujete somatske pacijente u grupe samopomoći? / How often do you refer somatic patients to self-help groups?	31 (43,7)	17 (23,9)	21 (29,6)	1 (1,4)	1 (1,4)	1,93	0,96

radnog staža i pohađanja edukacije sa stavovima o traženju stručne psihološke pomoći, upućivanja psihijatru i na psihološke tretmane ikada i učestalosti upućivanja pacijenata na psihološke metode liječenja. Prije provedbe

completed education with attitudes towards seeking professional psychological help, referrals to psychiatrists and psychological treatments at any point, and the frequency of referrals of patients to psychological treatment. Before conduct-

ANOVA-e, odnosno analize varijance za duljinu radnog staža, ispitanici su podijeljeni u tri grupe s obzirom na duljinu radnog staža: do 15 godina staža (n=25), od 16 do 30 godina staža (n=22) i više od 30 godina staža (n=24) (tablica 4.).

ing ANOVA, i.e. the analysis of variance for years of professional experience, the respondents were divided into three groups based on their professional experience: up to 15 years (n=25), 16 to 30 years (n=22), and more than 30 years (n=24) (Table 4).

Tablica 4. Aritmetičke sredine i standardne devijacije stavova liječnika opće medicine o traženju stručne psihološke pomoći s obzirom na spol, duljinu radnog staža i pohađanje edukacija

Table 4. Arithmetic means and standard deviations of general practitioners' attitudes towards seeking professional psychological help with regard to gender, length of professional experience and participation in training

Varijable / Variables	Stavovi o traženju stručne psihološke pomoći / Attitudes towards seeking professional psychological help			
	n	X	SD	p
Spol / Gender				
Muškarci / Men	17	22,53	3,86	t=-0,53, df=69, p>0,05
Žene / Women	54	23,13	4,11	
Duljina radnog staža / Length of professional experience				
Do 15 godina staža / Up to 15 years of experience	25	23,92	3,05	df=2, F=1,24, p>0,05
16 – 30 godina staža / 16 – 30 years of experience	22	22,86	4,57	
Više od 30 godina staža / More than 30 years of experience	24	22,13	4,36	
Pohađanje edukacija / Participation in training				
Da / Yes	17	23,53	4,37	t=0,63, df=69, p>0,05
Ne / No	54	22,81	3,95	

Provedbom t-testa dobiveni su rezultati koji su pokazali da ne postoji statistički značajna razlika u stavovima liječnika opće medicine o traženju stručne psihološke pomoći s obzirom na spol (t=-0,53, df=69, p>0,05), s obzirom na duljinu radnog staža u struci (df=2, F=1,24, p>0,05) te s obzirom na pohađanje edukacija iz psiholoških metoda liječenja (t=0,63, df=69, p>0,05).

Provedena je analiza upućivanja psihijatru, na psihološke tretmane i u grupe samopomoći s obzirom na stavove LOM o traženju stručne psihološke pomoći. Rezultati su prikazani na tablici 5.

Rezultati t-testa su pokazali da ne postoji statistički značajna razlika u upućivanju pacijenata psihijatru s obzirom na stavove liječnika opće medicine o traženju stručne psihološke pomoći (t=0,73, df=69, p>0,05, r=0,012, p>0,05).

S obzirom na raspodjelu podataka, za daljnju analizu korišten je Test sume rangova, odnosno Mann-Whitney U test. Rezultati su pokazali da ne postoji statistički značajna razlika u upućivanju pacijenata sa somatskim bolestima na neki od psiholoških tretmana obzirom na stavove liječnika opće medicine o traženju stručne psihološke pomoći (z=-1,84, p>0,05).

Provedba t-testa pokazala je da ne postoji statistički značajna razlika u upu-

After conducting a t-test, the results indicated that there is no statistically significant difference in the attitudes of general practitioners towards seeking professional psychological help with regard to gender (t=-0.53, df=69, p>0.05), with regard to the years of professional experience (df=2, F=1.24, p>0.05) and with regard to attending training in psychological methods of treatment (t=0.63, df=69, p>0.05).

An analysis was conducted to explore referrals to psychiatrists, for psychological treatments and to self-help groups taking into consideration to the attitudes of FMDs towards seeking professional psychological help. The results are presented in Table 5.

The results of the t-test showed that there is no statistically significant difference in referring patients to psychiatrists with regard to the attitudes of general practitioners towards seeking professional psychological help (t=0.73, df=69, p>0.05, r=0.012, p>0.05).

Considering the data distribution, the Mann-Whitney U test, also known as the Rank Sum test, was used for further analysis. The results showed that there is no statistically significant difference in referring patients with somatic diseases for any of the psychological treatments considering the attitudes of general practitioners towards seeking professional psychological help (z=-1.84, p>0.05).

The implementation of the t-test showed that there is no statistically significant

Tablica 5. Upućivanje somatskih pacijenata psihijatru, na psihološke tretmane i u grupe samopomoći obzirom na stavove liječnika o traženju stručne psihološke
Table 5. Referral of somatic patients to a psychiatrist, for psychological treatments, and to self-help groups based on doctors' attitudes towards seeking professional psychological help

Varijable / Variables	Stavovi o traženju stručne psihološke pomoći / Attitudes towards seeking professional psychological help			
	n	X	SD	r/p
Upućivanje psihijatru ikada / Referral to a psychiatrist at any point				
Da / Yes	65	23,09	3,96	r=0,012, p>0,05
Ne / No	6	21,83	5,04	
Upućivanje na psihološki tretman / Referral for psychological treatment at any point ikada	n	M	IQR	
Da / Yes	48	25	6,75	r=-0,025, p>0,05
Ne / No	23	22	4,00	
Upućivanje u grupe samopomoći ikada / Referral to self-help groups at any point		X	SD	
Da / Yes	23	23,57	4,17	r=0,003, p>0,05
Ne / No	48	22,71	3,98	

ćivanje pacijenata sa somatskim bolestima u grupe samopomoći u odnosu na stavove liječnika opće medicine o traženju stručne psihološke pomoći (t=0,84, df=69, p>0,05, r=0,003, p>0,05).

Nadalje, ispitan je odnos spola, duljine staža i pohađanje edukacije iz psiholoških metoda i učestalosti upućivanja somatskih pacijenata psihijatru, na

difference in referring patients with somatic diseases to self-help groups in relation to the attitudes of general practitioners towards seeking professional psychological help (t=0.84, df=69, p>0.05, r=0.003, p>0.05).

Furthermore, the relationship between gender, years of professional experience, education in psychological methods and the frequency of referring somatic pa-

psihološke metode liječenja ili u grupe samopomoći.

Statistički značajna pozitivna korelacija dobivena je između duljine radnog staža i učestalosti upućivanja pacijenata psihijatru (r=0,268, p<0,05), učestalosti upućivanja pacijenata sa somatskom bolesti na neki od psiholoških tretmana (r=0,385, p<0,01) učestalosti upućivanja pacijenata u grupe samopomoći (r=0,372, p<0,01). Liječnici opće medicine koji imaju dulji radni staž češće upućuju pacijente sa somatskom bolesti psihijatru, na neki od psiholoških tretmana te u grupe samopomoći. Liječnici sa edukacijom iz nekih od psiholoških metoda značajno su češće upućivali svoje somatske pacijente na grupe samopomoći. Rezultati su prikazani na tablici 6.

Ispitanici su naveli ukupno 110 somatskih bolesti zbog kojih pacijente upućuju psihijatru. Bolesti su grupirane prema kliničkim smjernicama u 10 skupina. Liječnici u najvećem broju upućuju psihijatru somatske bolesnike koji boluju od nespecificiranih somatskih simptoma (54,6 %), gastrointestinalnih bolesti (11,8 %) i malignih bolesti (10 %). Rjeđe psihijatru upućuju pacijente s neurološkim, kožnim, plućnim, reumatološkim bolestima, bolesti štitnjače i s pretilošću. Nadalje, naveli su 87 somatskih bolesti zbog kojih pacijente upućuju na psihološke tretmatients to psychiatrists, for psychological treatment or to self-help groups was examined.

A statistically significant positive correlation was found between years of professional experience and the frequency of referring patients to psychiatrists (r=0.268, p<0.05), the frequency of referring patients with somatic diseases for psychological treatments (r=0.385, p<0.01), the frequency of referring patients to self-help groups (r=0.372, p<0.01). General practitioners with longer professional experience refer patients with somatic diseases to psychiatrists, for psychological treatments and to self-help groups more frequently. Doctors with completed education in some of the psychological methods referred their somatic patients to self-help groups significantly more often. The results are shown in Table 6.

The respondents listed a total of 110 somatic diseases for which they refer patients to psychiatrists. The diseases are categorized into 10 groups based on clinical guidelines. Doctors mostly refer somatic patients with unspecified somatic symptoms (54.6%), gastrointestinal diseases (11.8%) and malignant diseases (10%) to psychiatrists. Patients with neurological, skin, lung, rheumatological diseases, thyroid diseases and obesity are less frequently referred to a psychiatrist. Furthermore, they listed 87 somatic diseases for which they refer patients for psychological treatments. The most common referrals for psychological treatments included patients with unspecified somatic symptoms (51.7%), gas-

Tablica 6. Prikaz povezanosti učestalosti upućivanja pacijenata sa somatskom bolesti psihijatru, na neki od psiholoških tretmana i u grupe samopomoći sa stavovima o traženju stručne psihološke pomoći duljini radnog staža, spolu i edukaciji iz psihoterapije
Table 6. Presentation of the correlation of the frequency of referring patients with somatic diseases to a psychiatrist, for psychological treatments and to self-help groups with attitudes towards seeking professional psychological help, length of professional experience, gender and education in psychotherapy

	Učestalost upućivanja pacijenata / Frequency of patient referrals		
	psihijatru / to a psychiatrist	na psihološki tretman / for psychological treatment	u grupe samopomoći / to self-help groups
	T test		
Stavovi o traženju psihološke pomoći / Attitudes towards seeking psychological help	r 0,012 p 0,924	r -0,025 p 0,838	r 0,003 p 0,977
Duljina radnog staža / Length of professional experience	r 0,268 **p 0,024**	r 0,385 **p 0,001**	r 0,372 **p 0,001**
	Mann-Whitney U test		
Spol / Gender	X 2,82/2,76 SD 0,88 /0,85 p 0,87	X 2,47/2,59 SD 0,62/1,00 p 0,44	X 2,00/1,91 SD 0,71/1,03 p 0,49
Psihoterapijska edukacija / Psychotherapy education	X 2,94/2,72 SD 0,97/0,81 p 0,41	X 2,82/2,48 SD 0,95/0,91 p 0,26	X 2,41/1,78 SD 1,12/1,50 **p 0,03**

ne. Liječnici u najvećem broju upućuju na psihološke tretmane somatske bolesnike koji boluju od nespecificiranih somatskih simptoma (51,7 %), gastrointestinalnih bolesti (11 %) i malignih bolesti (11 %). LOM su naveli 87 somatskih

bolesti zbog kojih pacijente upućuju grupe samopomoći. Liječnici u najvećem broju upućuju u grupe samopomoći somatske bolesnike koji boluju malignih bolesti (30,5 %), gastrointestinalnih bolesti (19,4 %) i neuroloških bolesti (13,8 %). Rjeđe upućuju pacijente sa kožnim, kardiovaskularnim i plućnim bolestima, bolesti štitnjače i šećernom bolesti (tablica 7).

RASPRAVA

Rezultati pokazuju da ispitana grupa LOM u većini slučajeva ima pozitivan

trointestinal diseases (11%), and malignant diseases (11%). FMDs also listed 87 somatic diseases for which they refer patients to self-help groups. The highest number of referrals to self-help groups included patients with malignant diseases (30.5%), gastrointestinal diseases (19.4%) and neurological diseases (13.8%). Referrals were less frequent for patients with skin, cardiovascular and pulmonary diseases, as well as thyroid diseases and diabetes (Table 7).

DISCUSSION

The obtained results show that the surveyed group of FMDs generally holds a

Tablica 7. Upućivanje psihijatru prema vrsti bolesti
Table 7. Referral to psychiatrists according to the type of disease

Upućivanje / Referral	Oboljenja / Diseases	Postotak / Percentage
Psihijatru / to a psychiatrist	Nespecificirani somatski simptomi / Unspecified somatic symptoms	54,6 %
	Gastrointestinalne bolesti / Gastrointestinal diseases	11,8 %
	Maligne bolesti / Malignant diseases	10 %
Na psihološke tretmane / for psychological treatment	Nespecificirani somatski simptomi / Unspecified somatic symptoms	57,1 %
	Gastrointestinalne bolesti / Gastrointestinal diseases	12,7 %
	Maligne bolesti / Malignant diseases	12,7 %
U grupe samopomoći / to self-help groups	Maligne bolesti / Malignant diseases	30,5 %
	Gastrointestinalne bolesti / Gastrointestinal diseases	19,4 %
	Neurološke bolesti / Neurological diseases	13,8 %

stav prema mogućem traženju psihološke pomoći za same sebe i psihološkim intervencijama kod svojih somatskih pacijenata i to bez obzira na spol, staž i dodatnu edukaciju iz neke od psihoterapijskih zahvata i tehnika. Također, LOM su zainteresirani za dodatnu edukaciju iz tog područja, nju je, naime, polazila gotovo četvrtina ispitanika.

Oni su barem jednom uputili svoje somatske pacijente psihijatru, no usprkos tome u svojoj svakodnevnoj praksi tek ponekad upućuju svoje somatske pacijente na neke od psiholoških metoda liječenja, a još rjeđe u grupe samopomoći. Zanimljiv je rezultat da LOM s većim stažem češće upućuju svoje somatske pacijente psihijatru, a oni sa nekom od edukacija u grupe samopomoći, premda je u apsolutnim vrijednostima to tek ponekad.

Najčešći razlog slanja somatskih pacijenata na psihološke intervencije su nediferencirani somatski simptomi.

Dobiveni rezultati stavova o osobnom traženju stručne psihološke pomoći među stručnjacima podudaraju se s istraživanjima stavova liječnika (26,38). Neke studije ukazuju da su stavovi i osobne norme prediktori budućeg ponašanja, te da pozitivitet dobivenih rezultata ima implikacije na osobni i profesionalni aktivitet u području men-

positive attitude towards seeking psychological help for themselves and towards psychological interventions for their somatic patients, regardless of gender, years of experience and additional education in psychotherapeutic approaches and techniques. FMDs are also interested in additional education in this field, since nearly a quarter of them have already undergone such training.

They referred their somatic patients to a psychiatrist at least once, but despite this, in their daily practice they only occasionally refer their somatic patients for some of the psychological treatment methods, and even less frequently to self-help groups. Interestingly, the results show that FMDs with longer professional experience refer their somatic patients to psychiatrists more frequently, while those with some form of related education are more likely to refer patients to self-help groups, albeit still relatively infrequently in absolute terms.

The most common reason for referring somatic patients to psychological interventions is the presence of undifferentiated somatic symptoms.

The results obtained in relation to attitudes towards seeking professional psychological help among healthcare professionals are consistent with the studies on the attitudes of doctors (26, 38). Some studies indicate that attitudes and personal norms are predictors of future behavior, and that the positive findings have implications for personal and profession-

talnog zdravlja. Ipak, druga istraživanja pokazala su da svjesnost LOM o značaju psihološke komponente ne mora rezultirati djelovanjem i da to ovisi, osim o stavovima i o senzitivnosti, kapacitetima osobnosti i stigmi koja prati mentalne poremećaje (26). Naš uzorak odgovara ovim potonjim istraživanjima. Oblikovanju stavova vjerojatno pridonosi kultura unutar edukacijskih i zdravstvenih ustanova gdje se emocionalni problemi nerijetko tumače kroz slabost karaktera. Istraživanja provedena u Filipinima, Kanadi, Australiji i Hrvatskoj govore da duljina radnog staža utječe na stavove prema traženju i upućivanju na psihološke intervencije (39,40,41,42). Prema tim istraživanjima starije je liječnike iskustvo rada opremilo za razumijevanje kompleksnosti ljudskog zdravlja pa i svojeg osobnog, te povećalo fleksibilnost i empatiju prema ljudima dok mlađi liječnici u slučaju vlastitih psihičkih teškoća, češće strahuju od stigme i gubitka profesionalnog statusa (42,43). U našem uzorku to međutim nije slučaj. Vjerojatno su kod nas u igri i drugi čimbenici, poput organizacije i povezanosti raznih službi primarnog i sekundarnog nivoa zdravstvenog sustava.

Stavovi liječnika obiteljske medicine o traženju stručne psihološke pomoći ne razlikuju se ovisno o spolu liječnika što je sukladno rezultatima recentnih istraživanja (43,44). No istraživa-

al activities in the area of mental health. However, other studies have shown that awareness among FMDs about the importance of the psychological component does not necessarily translate into action and that it depends, apart from attitudes and sensitivity, on personality traits and the stigma associated with mental disorders (26). Our sample seems to align with these latter findings. Attitudes are probably formed by the culture within educational and healthcare institutions, where emotional problems are often interpreted as a sign of weakness of character. Research conducted in the Philippines, Canada, Australia and Croatia has shown that length of professional experience affects attitudes towards seeking and referring to psychological interventions (39, 40, 41, 42). According to these studies, older doctors' professional experience helped them understand the complexity of human health, including their own, and increased their flexibility and empathy towards people, whereas younger doctors, in case of their own mental difficulties, are more likely to fear stigma and the loss of professional status (42, 43). In our sample, however, this pattern does not seem to hold true. Other factors, such as the organization and integration of various services within the primary and secondary levels of the healthcare system, might play a role in shaping these attitudes in our context.

The attitudes of family medicine doctors towards seeking professional psychological help do not differ based on their

nja starijeg datuma pokazivala su da muškarci imaju manje predrasuda i lakše traže pomoć, dok je u nekim recentnijim istraživanjima nađena veća sklonost traženju psihološke pomoći u ženskih ispitanika. Kao razlog navodi se svjesnost žena o osobnom emocionalnom životu, prepoznavanju tuđih emocionalnih stanja kao i otvorenija komunikacija (43,44,45). Ova razlika u rezultatima može značiti i da se mijenjaju stavovi žena i muškaraca prema psihološkoj pomoći vjerojatno kroz drugačije obrasce odgoja unatrag zadnjih desetljeća.

Stavovi LOM o traženju stručne psihološke pomoći se ne razlikuju ovisno o tome jesu li ili nisu polazili neku od edukacija iz psiholoških metoda liječenja. Koliko god kontradiktorno izgledalo, ovo je sukladno rezultatima istraživanja zdravstvenih radnika u Ujedinjenom Kraljevstvu (45). S druge strane istraživanja opće populacije govore da sklonost traženju psihološke pomoći raste proporcionalno stupnju edukacije (44,45). Mogući uzrok možda leži u tome što organizacija obiteljske medicine ne prati društvene promjene: brojčano skrbi o sve više, sve starijih pacijenata, a time je vrijeme za pacijenta kratko i nedovoljno i oni više nisu u mogućnosti dodatno djelovati preventivno, savjetodavno, ili planirati kompleksne tretmane, odnosno provoditi praksu po biopsihosocijalnom mo-

gender, which is in accordance with the results of recent research (43, 44). However, older studies indicated that men were less prejudiced and were more likely to seek help, while some more recent studies have found a greater inclination towards seeking psychological help among female participants. The reason cited for this change is that women are more aware of their own emotional lives, can recognize the emotional states of others', and tend to engage in more open communication (43, 44, 45). This difference in results may also indicate that the attitudes of both women and men towards psychological help are changing, likely influenced by evolving upbringing patterns over the past decades.

The attitudes of family medicine doctors towards seeking professional psychological help do not differ based on whether they have undergone any training in psychological treatment methods. As contradictory as it may seem, this finding aligns with the results of research among healthcare professionals in the United Kingdom (45). On the other hand, studies involving the general population show that the tendency to seek psychological help increases proportionally to the level of education (44, 45). The possible reason for these results might lie in the fact that the organization of family medicine has not kept pace with societal changes: the increasing number of elderly patients has led to limited and insufficient time that can be dedicated for each patient, making it difficult for doctors to en-

delu koji su edukacijom usvojili (46). Ipak, većina LOM ipak ističe potrebu za boljom edukacijom iz psiholoških metoda jer smatraju da bi to poboljšalo kvalitetu njihovog rada s pacijentima (47).

Zapravo, među LOM postoji značajan interes za dodatnu psihoterapijsku ili savjetodavnu izobrazbu što pokazuju i naši rezultati (48). LOM pokazuju svjesnost potrebe za takvim intervencijama i navode da je za gotovo 70 % njihovih pacijenata ona potrebna.(49). Moguće da oni svoju edukaciju zapravo koriste za poboljšanje vlastitih psiholoških resursa za nošenje sa životnim i radnim stresorima (50). Rezultati ovog istraživanja su pokazali da je tijekom svog radnog vijeka velika većina liječnika uputila svojeg pacijenta sa somatskim smetnjama psihijatru, no na svakodnevnoj bazi to je znatno manje, a posebno je to izraženo kada je riječ o grupama samopomoći. Rezultati sličnih istraživanja vrlo su raznoliki, od 5 do 40 % pacijenata sa somatskim simptomima bude upućeno stručnjacima mentalnog zdravlja (50,51,52). Raznovrsnost podataka možemo povezati i s dijagnostičkim teškoćama, ali i s organizacijom i stupnjem suradnje između liječnika primarne medicine i specijalističkim i suradnim službama vezanim za mentalnozdravstvenu skrb (53,54,55). Često se navodi teška dostupnost usluga i osobna stigmatizacija

gage in additional preventive measures, counselling, or complex treatment planning. As a result, they may not be able to fully implement the biopsychosocial model they learned through education (46). Nonetheless, the majority of family medicine doctors emphasize the need for better education in psychological methods, believing that it would enhance the quality of their work with patients (47).

In fact, there is significant interest in pursuing additional training in psychotherapy or counselling methods among FMDs, as indicated by our results (48). FMDs demonstrate awareness of the need for such interventions and state that they are required for almost 70% of their patients (49). It is possible that they actually use their education to improve their own psychological resources necessary for coping with life and work-related stressors (50). The results of this study have shown that during their professional career, a significant majority of doctors have referred their patients with somatic disorders to psychiatrists. However, on a day-to-day basis, this number is considerably lower, especially when it comes to self-help groups. The results of similar studies are very diverse, stating that 5 to 40% of patients with somatic symptoms are referred to mental health professionals (50, 51, 52). The variability in data could be associated with diagnostic challenges, as well as with the organization and degree of collaboration between primary care physicians and specialized and collaborative services

mentalnih poremećaja kao kočnica za posezanjem ka tretmanima. Moguće da u našem uzorku upravo teža dostupnost (dugo čekanje, nedovoljno takvih usluga dostupno kroz zdravstveni sustav) ili nezadovoljstvo pruženim uslugama (kratkotrajan pregled koji najčešće rezultira samo prepisivanjem medikamenata bez upućivanja na neke druge psihološke tretmane) ima u tome svoju ulogu. Istraživanja pokazuju da LOM ističu da 66 % somatskih pacijenata ima koristi od psiholoških intervencija, no unatoč tome samo 9 % od njih ima kontinuirani tretman (26). Kada je riječ o grupama samopomoći LOM najčešće navode da nisu upoznati s radom te vrste, da poslani pacijenti nisu bili uključeni, a ponekad je razlog i geografska odcijepljenost (npr. život na otoku) (56). Ovo zapravo dijelom govori o slaboj suradnji primarnog i sekundarnog nivoa zdravstvene zaštite pri čemu oni funkcioniraju zasebno odrađujući sve veći pritisak pacijenata bez sadržajnijih povratnih informacija. Kada je riječ o vanzdravstvenom sektoru poput grupa samopomoći, nepovezanost i partikularizacija je još vidljivija premda se baš takvim aktivnostima može značajno pojačati psihosocijalna komponenta zdravstvene usluge. Moguće je i očekivanje da se takve usluge organiziraju kroz zdravstveni sustav, što se u nekim zdravstvenim ustanovama i događa (psiholozi na određe-

associated with mental health care (53, 54, 55). Frequently cited factors include the difficulty in accessing services and personal stigmatization of mental disorders, acting as barriers to seeking treatment. It is possible that in our sample, the issue of limited accessibility (long waiting times, insufficient availability of such services within the healthcare system) or dissatisfaction with the provided services (short appointments that often result in prescription of medication without referrals for other psychological treatments) play a role. Research shows that FMDs emphasize the fact that 66% of somatic patients benefit from psychological interventions, but despite this, only 9% of them receive continuous treatment (26). When it comes to self-help groups, FMDs mostly state that they are not familiar with this type of work, that the referred patients have not been involved, and sometimes the reason for this lies in geographical isolation (e.g. living on an island) (56). These results actually indicate a weak collaboration between the primary and secondary levels of healthcare, whereby they function separately, facing increasing patient pressure without substantial feedback. When it comes to the non-healthcare sector, such as self-help groups, disconnection and fragmentation is even more evident, although such activities can significantly enhance the psychosocial component of healthcare services. There might also exist an expectation that such services would be organized within the healthcare system, which does happen in some

nim odjelima). No, to je i pokazatelj da naša organizacija zdravstvenog sistema slabo koristi resurse i mogućnosti društva u psihosocijalnom području i da je razmišljanje o mentalno zdravstvenoj skrbi fokusirano isključivo na sekundarnu medicinsku zaštitu i to većinom u hospitalnom settingu.

Studije pokazuju da liječnici opće prakse smatraju da je suradnja sa stručnjacima mentalnog zdravlja neophodna za većinu pacijenata, no samostalno ne provode psihološke intervencije, a upućivanja na tretmane su izuzetno rijetka (27). Također se ističe želja za boljom suradnjom sa psiholozima i ostalim stručnjacima mentalnog zdravlja (30). Primjena biopsihosocijalnog pristupa očigledno traži rasterećenje liječnika obiteljske medicine u timu primarne zdravstvene zaštite, što je moguće uz suradnju djelatnika srodnih orijentacija. Povećanjem broja medicinskih sestara i uključivanje stručnjaka mentalnog zdravlja u tim obiteljske medicine otvorilo bi mogućnosti i vremenski prostor za rad s pacijentima (27).

Ovo istraživanje je pokazalo da liječnici opće medicine koji imaju dulji radni staž češće upućuju pacijente sa somatskom bolesti psihijatru, a oni s nekom od edukacija na neki od psiholoških tretmana te u grupe samopomoći. To se poklapa s prethodno navedenim istraživanjima gdje dob i edukacija govore o

healthcare institutions (psychologists in specific departments). This is, however, also an indicator that our organization of the healthcare system underutilizes the society's resources and opportunities in the psychosocial field and that the focus on mental health care is primarily centered around secondary medical care, predominantly within a hospital setting.

Studies have shown that general practitioners believe that collaboration with mental health professionals is necessary for most patients, but they do not conduct psychological interventions independently, and referrals for treatments are extremely rare (27). There is also a desire for improved collaboration with psychologists and other mental health professionals (30). The application of the biopsychosocial approach clearly requires relieving family medicine doctors within the primary healthcare team, possibly with the help of associate professionals. Increasing the number of nurses and including mental health specialists in the family medicine team could create opportunities and a time-frame to work with patients (27).

This study has shown that general practitioners with longer work experience are more likely to refer patients with somatic diseases to a psychiatrist, and those who have undergone some training in psychological methods are more likely to refer patients for psychological treatments and to self-help groups. This coincides with the aforementioned research where age and education correlate with

pozitivnijem pristupu službama mentalnog zdravlja (37,38,39). Moguće je da stariji liječnici imaju razvijeniju mrežu prijateljskih i profesionalnih veza s kolegama čime su u mogućnosti donekle premostiti fragmentaciju zdravstvenog sustava. Oni s edukacijom moguće su više senzibilizirani na dobrobit psihološke podrške njihovim pacijentima, a moguće i da su bolje upoznati sa svim oblicima psihosocijalnih tretmana.

U našem uzorku najčešće se na psihološke tretmane upućuju pacijenti s nespecificiranim somatskim simptomima i gastrointestinalnim simptomima. Literarni podatci ne daju veliku mogućnost usporedbe (54, 55, 57). Prema rezultatima nekih istraživanja najčešće upućeni na psihološke tretmane su pacijenti koji boluju od nespecificiranih somatskih simptoma, onkološki pacijenti i pacijenti oboljeli od HIV-a što je donekle sukladno rezultatima ovog istraživanja (3).

Kod nespecifičnih somatskih smetnji uvijek ostaje nedoumica je li simptom fizički ili psihički, te koju skrb zahtijeva. Nediferencirani simptomi, a najčešće se radi o bolnim sindromima, vjerojatno su takvima shvaćeni nakon opsežne somatske obrade kada nije nađen neki konkretni uzročnik i predmnijeva se psihološka podloga, najčešće iz depresivnog kruga. No dobrobit psihološkog tretmana kod niza

a more positive attitude towards mental health services (37, 38, 39). It is possible that older doctors have a more developed network of friendly and professional connections with colleagues, allowing them to bridge the gaps within the fragmented healthcare system to some extent. Those who have undergone training may be more sensitized to the benefits of psychological support for their patients and may also be more familiar with all forms of psychosocial treatments.

In our sample, patients with unspecified somatic symptoms and gastrointestinal symptoms are more commonly referred for psychological treatment. Literature data do not provide extensive possibilities for direct comparison (54, 55, 57). According to the results of some studies, patients most commonly referred for psychological treatments are those with unspecified somatic symptoms, oncology patients and patients with HIV, which is somewhat consistent with the findings of this study (3).

In the case of non-specific somatic disorders, there is often uncertainty regarding whether the symptom is physical or psychological and what kind of care it requires. Undifferentiated symptoms, often involving pain syndromes, are likely understood as such after extensive somatic evaluation when no specific cause is found, suggesting that there is a psychological basis, often within a depressive cycle. However, the potential benefits of psychological treatments of various psychosomatic disorders, while theo-

psihosomatskih oboljenja, premda teorijski prepoznata, ne iskorištava se često. Donekle je to u slučaju gastrointestinalnih bolesti, ali još je rijetko kada je riječ o kardiovaskularnim, respiratornim ili kožnim bolestima. Pacijenti oboljeli od HIV-a kod nas imaju dodatnu stigmatizaciju što može biti uzrokom rijetkog upućivanja na psihološke tretmane bilo koje vrste. Upućivanje u grupe samopomoći vjerojatno ovisi i o postojanju takvih grupa, njihovoj vidljivosti i njihovom načinu rada. Kako smo već napomenuli, oficijelna medicina u Hrvatskoj rijetko sudjeluje u njihovim aktivnostima, a relativno slaba volonterska scena ne pogoduje ovakvom angažmanu. Ipak se kroz Neprofitne građanske organizacije i razna druga organizacijska rješenja sve češće osnivaju takve grupe, a najčešće i najduže je to vezano za pacijente sa malignim psihosomatskim oboljenjima.

Prema našem saznanju, ovo je prvo takvo istraživanje o stavovima prema upućivanju somatskih pacijenata na psihološke metode liječenja među liječnicima opće medicine u PGŽ. No studija ima i svoja ograničenja. Istraživanje je provođeno u periodu kada su liječnici primarne zaštite još uvijek bili pod posebnim pritiskom radi pandemije COVID-om pa je vjerojatno i to utjecalo na odaziv liječnika preopterećenih svakodnevnim obavezama. *Online* anketa mogla je rezultirati nepreciznošću

retically recognized, are not frequently utilized. This is somewhat the case with gastrointestinal diseases, but it is still rare when it comes to cardiovascular, respiratory or skin diseases. Patients with HIV often face additional stigma in our country, which may be the reason for the rare referral for psychological treatments of any kind. Referral to self-help groups probably also depends on the existence of such groups, their visibility and their methods of work. As previously mentioned, the official medical system in Croatia rarely engages in their activities, and the relatively weak volunteer scene does not favor this kind of involvement. Nevertheless, such groups are increasingly being formed through non-profit civic organizations and various other organizational solutions, and are predominantly and for the longest periods associated with patients with malignant psychosomatic illnesses.

According to our knowledge, this is the first study of this kind concerning the attitudes towards referring somatic patients for psychological treatment methods among general practitioners in the PGC region. However, the study also has its limitations. The research was conducted during a period when primary care physicians were still under significant pressure due to the COVID-19 pandemic, which likely influenced the response rate of doctors already burdened with daily responsibilities. Conducting an online survey could have led to imprecise responses that might have been

odgovora koja bi u klasičnoj varijanti, licem u lice ispitivanja bila izbjegnuta. Relativno mali broj ispitanika ne omogućava generalizaciju rezultata, kao ni činjenica da područne edukacijske ustanove mogu davati naglasak na različite aspekte pristupa oboljenjima, tako da nešto što je model u jednoj regiji ne mora biti isti u nekoj drugoj. Postoji i mogućnost da su LOM koji se jesu odazvali anketi zapravo oni koji i inače imaju više senzibiliteta za psihološku komponentu bolesti. Nastojanje da instrumentarij ne bude preopsežan rezultiralo je ograničenjima u uzročno posljedičnoj analizi.

ZAKLJUČAK

Rezultati ovog istraživanja ukazuju da je unatoč „organskom" djelovanju, psihološki spektar promišljanja značajno zastupljen u radu LOM-a. No sama edukacija nije dostatna za promjenu načina djelovanja ako nije podržana organizacijom zdravstvene skrbi. Ipak, interes za dodatnu edukaciju iz psiholoških metoda liječenja pokazuje da LOM u tome vide boljitak za svoj rad.

S druge strane, suradnja svih nivoa zdravstvenog i vanzdravstvenog sustava, premda se nominalno potiče, u stvari nije dostatna, a šira organizacija i na zajednicu orijentirana skrb za mentalno zdravlje još je vrlo redu-

avoided in a traditional face-to-face approach. The relatively small number of respondents does not allow for the generalization of the results, as well as the fact that regional educational institutions may emphasize different aspects of disease management, which means that a model that works in one region might not be the same in another. There is also the possibility that the FMDs who participated in the survey are actually those who are more attuned to the psychological component of the disease. The effort not to make the measuring instrument too extensive resulted in limitations in the cause-and-effect analysis.

CONCLUSION

The results of this study indicate that despite the "organic" approach, the psychological perspective is significantly present in the work of FMDs. However, education alone is not sufficient to change their approach unless it is supported by the healthcare organization. Nevertheless, the interest in additional training in psychological treatment methods suggests that FMDs see this as an improvement for their practice.

On the other hand, collaboration across all levels of healthcare and non-healthcare systems, although nominally encouraged, remains inadequate, and the broader organization and community-oriented care for mental health are still very limited. Clearly, there is consid-

cirana. Evidentno je da ima još puno prostora za edukaciju i organizaciju zdravstvene skrbi koja bi rezultirala primjenom biopsihosocijalnog pristupa i većom uključenošću psiholoških intervencija kod somatskih pacijenata.

erable room for education and organization of health care that would result in the implementation of a biopsychosocial approach and increase the integration of psychological interventions for patients with somatic conditions.

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