

Research on Primary Care: a necessity and a challenge to health professionals

Investigación en la Atención Primaria: una necesidad y un desafío para los profesionales de salud

Investigação na Atenção Primária: Uma necessidade e um desafio para os profissionais da saúde

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Primary Care (PC) has acquired a fundamental role in the health sector and has been considered a pillar of systems oriented from a more preventive than curative model. Nonetheless, even with the policy emphasis and adoption of family and community models, gaps exist that prevent reaching optimal results from the vision of quality, efficiency, and equity. Within this scenario, research on PC constitutes an essential tool as sustenance of the different actions in this level of care, aimed at increasing the efficacy, effectiveness, and efficiency of programs, actions, and interventions; in addition to promoting the permanent search and innovation of the habitual practice. Thus, research on PC is fundamental to contribute to improving the health of people and the community's wellbeing.¹ Added to the aforementioned, and from the view of a Evidence-Based Practice, it would be expected that professional decisions on PC also be based on

scientific evidence and, with it, increase the need for clinical research at this level.²

Contextually, PC provides the opportunity to research focusing on actions to improve systems that strengthen the offer of health services. However, research at this level is insufficient. Evidence of this is a bibliometric analysis about research on PC that shows that, in spite of its increase in recent decades, publications in Medline in this setting reach approximately 1%.³ It has also been noted that much research on PC uses a clinical-hospital model, with little research on public health, epidemiology, and health management, besides the dependence on attitude, interest, and motivation of PC professionals to incorporate research in their normal practice, understanding that PC health professionals are not researchers and require methodological and organizational support to include research activities into their daily work.⁴

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The values that characterize PC, such as closeness to the patient and community, approach and contact with healthy users and users in different stages of disease, and continuity and monitoring of care, propitiate an environment to research under real conditions where the applicability of results may be immediate.⁵ Additionally, it offers an environment in which research can and must be approached from diverse disciplines, both from health and social sciences and, consequently, offers the opportunity of using a broad range of designs and methodologies that permit responding to the complex problems of this level of care.

Due to the aforementioned, it must be acknowledged that an opportunity exists for research to become an improvement tool and, thus, limitations must be adequately encountered to facilitate development of research aimed at specific problems, whether of organizational, public health, epidemiological, or clinical order. The pertinence of quantitative, qualitative, or mixed methods or the approach from operative research must also be defined. Hence, the optimal instance is constituted to generate multidisciplinary teams and strengthen bonds between academia and care, integrally and jointly focusing on facing real problems of the population. In this perspective, conditions to improve research include: methodological and statistical support, formation in research methodology and cooperation, and network research.⁶ Additionally, experience has shown that the joint definition of

priority lines of research on prevalent and relevant problems for PC and which can be developed from the undergraduate research by different professionals under formation; it is an effective strategy to implement modifications that result in better quality of the care provided.

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