

A decade of research in Dutch primary care

A critical review of a book

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Introduction

The Netherlands College of General Practitioners and the Netherlands Institute of General Practitioners have jointly published a book about research in primary care in the Netherlands 1972-1982. The book is written by Femmy Becht Melai and Jozien Bensing.¹ Jozien Bensing is chief of the research department of the Netherlands Institute of General Practitioners (NIGP) in Utrecht, Holland. I do not know title and address of the other author.

The overall aim of the book was to communicate a broad knowledge of the scientific research conducted in the Netherlands in the field of primary care. The intention of the authors is to present a survey of what research in and into primary health care has been conducted, what developments have occurred in the course of the years, which areas of research have involved well, where the gaps are, what kind of relationship there is between university based and other research, between research originating in institutions and research by individual general practitioners, and what return the research projects yield in the form of publications. The publication intends to inform an international readership about, who the performers of the research in primary health care are, how long time the projects take, and which the usual media of communication are. Each project is described by its object, investigator and/or institute.

The purpose of this review differs from the objective of the book. My purpose is

to try and evaluate the quantity of research during this decade in relation to the research potential in Dutch primary health care. And, secondly, to relate the quantity of research in Holland to the quantity of research in Danish primary health care.

The Dutch book concerns primary health care performed by general practitioners, district nurses, social workers, physical therapists, midwives, family visitors, dentists, sick attendants, pharmaceutical chemists, dieticians and some other professional helpers. Excluded from the book is all research into basic health care (public health, population screenings and other general inquiries), all research in or into secondary or tertiary health care, both somatic and mental, and all research in which research data are collected directly among the population without any intervention of primary health care workers, and where the problem definition does not indicate in how far the structure, the organization or the functioning of primary health care or any of its subdivisions is concerned.

Methods

The Netherlands Institute of General Practitioners has since 1972 recorded all research projects started inside the primary health care system, and this recording is the basis of the figures of the book. The comments in the book about the reliability of recording are rather superficial. It is mentioned that the authors have tried by means of a few interviews to analyse whether some

selection of project had taken place. „The impression is that this article gives a fairly representative view of the situation”. This seems to be a rather weak statement, and there is no documentation of the methods.

The book contains very little about the research potential in Dutch primary health care. Eight institutes of general practice and the Netherlands Institute of General Practitioners are mentioned. Some other institutes (social medicine and others) are included. But there is no information about the total costs and the number of academics connected with these institutes. From previous experiences I happen to know that the staffs of the Dutch institutes are rather large. For instance the National Institute of General Practitioners employ 20-30 academics. The various university institutes of general practice employ to my knowledge 5-15 academics each. So as for general practice research we are looking into a field which employs probably 100-150 academics (doctors, sociologists, psychologists and others). The quality of the research projects or any other kind of qualitative evaluation is omitted from the book.

Danish primary health care has been summarized in two bibliographies concerning the periods 1950-1974 and 1975-1980 respectively. These bibliographies were published by the Danish medical research council. They list research publications from the primary health care sector, and so differ from the Dutch book by enumerating the number of projects, not publications. Periods of time also differ, so a direct comparison of the research activities of the two national primary health care systems cannot be performed on basis of present publications. However, an impression of the levels of activity in the two nations can be gained.

Results

In Holland 452 projects were initiated during the ten year period. There was no increase in the activities during the period, more projects lasted for more than two years during the last five years than during the first five year period.

General practice has a central position inside the system. Gaps in research areas were to be analysed, but this topic is virtually not mentioned in the book. A numerical summary of the products resulting from the research initiated is shown in the *table*. It appears that 24 per cent of the projects stopped without publication, and 20 per cent are still

current. In all 255 projects were published, 146 during the first five years and 107 during the last five years; 47 per cent have been published in public reports, books, articles in periodicals and as theses; 9 per cent were published as internal reports or reviews.

132 projects (29 per cent) were started at the eight university institutes during the ten year period. One institute initiated 7 projects, five institutes 10-17 projects, one institute 25 and one institute 34 projects. At the NIGP 44 projects (10 per cent) were started. Group practices and individual physicians started 103 (23 per cent) projects.

Totally 47 per cent of all projects in general practice were published, among these 43 per cent of the projects from the institutes, 62 per cent of the projects from the national institute, and 40 per cent projects from general practices.

It seems that 90 articles had appeared in periodicals during the last ten years, 27 theses have been published, and 97 books or other reports have been issued.

Among the total number of projects (452) one half dealt with general practice, 10 per cent dealt with the relationship between the primary and the secondary health care sector, and 17 per cent dealt with health services research.

Inside the general practice area the main topics were conditioning setting features ($\frac{1}{4}$), morbidity studies ($\frac{1}{20}$) and patient care ($\frac{2}{3}$).

The two Danish bibliographies give the following figures concerning primary health care research. During 1950-74 a total number of 757 publications appeared. 185 were from general practice and 108 concerned dental care. About district nurses, schoolnurses and well-baby nurses 79 publications were published. During the 5 year period 1975-1980 a total number of 487 publications appeared. 122 came from general practice and 164 from the dental care area. Nurses produced about 43 publications. One should be aware that these figures are about publications, and that

some of the publications may have arisen from the same project.

Comments

132 projects were started by 8 institutes during a ten year period; 6 of the institutes initiated on average less than two projects per year. Only about one half of these projects have been published, this means that the average production of finished projects of these institutes is less than one per institute per year. Two of the university institutes and the NIGP produced significantly more.

This analysis is concerned with quantity. The quality of the research projects, which of course is of major significance, cannot be judged about. Neither can the topics and the work load connected with the research projects. Both very big and very small projects seem to have been initiated and published.

It does not appear from the book, which kind of academics have produced the various products. It would have been interesting to see the relative contributions made by general practitioners, other doctors, sociologists and psychologists. The staffs of the institutes are from a Danish point of view very big. However, the non-research obligations of the various personnel are not mentioned. From the amount of research projects one may suppose that the main obligation of the staff is within the educational field.

One may, however, wonder why the published research production from the institutes is so small. It looks as if priorities inside primary health care in Holland have not been set for a scientific approach to this area. Educational activities seem to take place without a substantial scientific foundation. The responsibility for this academic policy is not clear, and has not been analysed in the report. One may wonder whether the career structure of the university institutes is arranged in a way, which is independent of scientific achievements. In any case the report should lead to an

analysis of structural or organizational reasons for the relatively small research activity.

In relation to Danish conditions the Dutch activities seem rather modest. At the university institute of Copenhagen and the research unit of General Practice in Copenhagen, which employ a combined fulltime staff of about 4 academics and about 10 parttime or timelimited academics, more than 60 scientific publications have been produced during the last 5 years.

Discussion

Some methodological problems make the analysis of the Dutch conditions very difficult. One does not feel sure that the recording system has been complete. The production is not related to costs or personnel.

One wonders why the authors do not comment on the classification of the projects according to type of publication. Some projects must have been published under more than one subcategory, so that the total number of projects should both be equal to the total number of items listed in table of type of termination.

The total research activity in general practice and primary care in Holland is relatively poorly described by the total number of projects initiated, because of the large amount of projects stopped without publication and the number of projects still in progress totally (44 per cent).

It seems that a number of the aims of this book haven't been obtained. This applies especially to an analysis of the development which has taken place during the course of the years, which areas of research have evolved well, and where the gaps are. And no general recommendations have resulted from this work.

This review of the quantitative aspects of Dutch primary care research during a decade gives the impression of a relatively modest activity, which, considering the supposed rather large staffing of the academic side of the primary health care system in Holland, is surprising.

The reasons for the general rather low level of activity should be investigated further. Structural features of the educational system may be determining.

A qualitative analysis of the research projects is not feasible on basis of the book.

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Table. Type of termination of Dutch primary care research projects started 1971-1980. Percentages.

Type of termination	1971-1975 (N=226)	1976-1980 (N=226)	Total (N=452)
Internal report	7	11	9
Public report or book	27	16	21
Article in periodical	23	17	20
Thesis	8	4	6
Stopped without publication	35	13	24
Current research	-	40	20