Social Responsibility of Primary Health Care and Millennium´s Development Goals

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Abstract

This review paper aims to understand to what extend the primary healthcare is implementing social responsibility practices SR in Portugal and what are the areas concerned to prosecute the Millennium's Development Goals. Originality of the study results of the objective to understand the role of the political guidelines in promoting social responsibility within healthcare sector. The outcomes produced by the study have contributed to help organization of health to fulfill one of the objectives set in the Agenda "Sustainable Development Goals SDG 2030", precisely, "17.17. Encourage and promote effective partnerships by involving the public sector, public-private and civil society, based on experience and search for partnerships strategies".

The paper has searched to understand the object through identification, description and analyses of all studies available by Google during December 12 of 2020 and April 6 of 2021. The new knowledge generated presents an application potential in every country, including, in developing countries, because highlighted the important role of the primary healthcare on promoting sustainable development practices for a cohesive territories and equitable societies. To understand the object proposed by this study, we have applied a comprehensive model of analyze supported in qualitative techniques of analyze specially bibliography technique of analyze and documental technique of analyze specially during drawing phase of the data and the techniques of thematic analyze of content and structural analyze of content during the phase of treatment of the data. The outcomes have highlighted the three most important areas of social responsibility concerned by primary healthcare organizations in Portugal that are: quality of services, ethical values and integrative practices.

Keywords: Social Responsibility; Primary Healthcare; Portugal

Introduction

This paper happens in a time where health political-programmatic orientations encourage sector organizations and professionals to adopt principles and practices of social responsibility [1]. In accordance with the Alma Ata Declaration (1978), primary health care "Require and promote maximum self-trust and community and individual participation in planning, organization, operation and control of primary health care, making full possible use of available resources, local, nationals and others, and for that purpose develop, through adequate education, the capacity of communities to participate". Although we can acknowledge the existence of guidelines dedicated to health social responsibility, it's also possibly to verify the existence of ethical values and social responsibility implemented practices unevenness [2].

In Freitas opinion (2016) [2], public-private hospital sector actors tend to activate mare often social responsibility ethical values once directly confronted in semi structured interviews and values of instrumental nature whilst indirectly inquired, like, for instance, through questionnaire inquiry. From a practical point of view, namely, RS implementation, these hospitals tend to privilege programs and practices of social responsibility directly connected with disease prevention and certifications obtained in the environmental area (ISO 14.001) and quality (ISO 9001) [2].

At primary health care level, few (not to say rare) studies tried to approach this object. When entering the key-expression "social responsibility and primary health care", there are no connections to masters or doctorate dissertations on the theme of social responsibility in primary health services. First hundred connections showed the existence of academic studies which related social responsibility concept with the way users perceived the quality of health care delivered [3]. They also showed a clairvoyant association between the expressions of social responsibility and ethic [4,5] and social responsibility and voluntary integration of social, environmental and economic concerns in this sector management decisions [6].

Some studies demonstrated that social responsibility raises controversies because presupposes the performance of different society sectors in areas taken as being State responsibility (i.e. social, environmental, housing action, among others) [7,8]. Alongside this, it invokes integration of individual interests from stakeholders (i.e. managers, enterprises and third sector organizations) into corporate strategy [9,10] and partnerships/stakeholders established networks [3,11,12]. In accordance with these authors, social responsibility understanding is based on theoretic and methodological assumptions dictated by networks theory [13,14].

Initial hypotheses from this discussion points in the sense that social responsibility hasn't been homogeneously implemented in primary health care services in Portugal. Firstly, because health is still envisaged as a productive sector different from others [15,16], having as main responsibility live and human health preservation. Secondly, because political-programmatic orientations to social responsibility in primary health care where recently established [17-19]. Thirdly, SR has not yet been integrated in sector's strategies, as for example, into the commitment letter signed between board of direction from the health care cluster and family health units, at least, in the specific case of Cascais. Fourthly, because divergences between ethical values adopted by managers can serve to block implementation of social responsibility [2]. We hope that the next studies helping to clarify the potential factors for the networks partnerships'

creation within the primary care and in which way consensus are reached around ethical values and SR programmes. Besides, it is also expectable that those help to understand the role of personal behaviours and attitudes adopted to face the challenges dictated by sustainability/social responsibility through case studies of primary healthcare organizations.

Conclusion

The study has showed that social responsibility applied to primary healthcare is a theme unexplored by academicians in Portugal. The factors that will can have contributed to that are from symbolic, political and strategic natures. Firstly, because health is commonly understood as a sector different from others because take care of life and death of humans. Secondly, the political guidelines established to social responsibility within primary healthcare were established recently. Thirdly, weak capacity to engage into internal and external network of partnerships has conditioned implementation of social responsibility into primary healthcare organizations [20].

Despite these factors, the few studies conducted about the theme have highlighted social responsibility meanings similar to those appropriated by private sector (e.g. quality of services, voluntary integration of concerns related to equitable society, sustainable environment and competitive economy) [21,22]. This indicates the high permeability of politics and strategies defined by private sector, at one hand, and societal acceptance of managerial practices typical of private sector applied to other sectors of society like as primary healthcare, at other hand.

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