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REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
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EDITORIAL

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DOI: http://dx.doi.org/10.24902/r.riase.2021.7(3).535.322-323

VOL. 7 NO. 3 DECEMBER 2021

The Contribution of Health Research for the Sustainable Change

Health research has a very wide range that can go from the nano level and of a laboratory nature, to the macro level of organizational or health policies. However, we will not be far from the truth if we consider the contribution to better levels of health and well--being of people (individually) and of the population (as a community) as a common denominator of research.

In this context and taking the most recent scientific evidence as a reference, we note, on the one hand, an evident change in the epidemiological profiles of multiple countries, namely, the commonly called "Western world", which is characterized by a high prevalence of multimorbidity, particularly associated with older people; on the other hand, a clear inadequacy of health and social responses to these new realities.

In fact, multimorbidity in itself should oblige us to re-study the respective pathophysiological processes and to rethink nosology and even semiology. It seems increasingly evident that the pathophysiology of a given disease (e.g., coronary heart disease) has different characteristics if it is associated with others (e.g., diabetes and/or obesity). I this context, might the conjugation of a certain cluster of chronic diseases consider itself a new nosology entity? Consequently, each symptom will gain a new morphology and interpretation.

Does it make sense to continue to study these processes in the conventional way? Won't they demand a more integrated perspective?

However, this new epidemiological reality is also reason enough to force us to rethink not only health care responses, but also care models, consequently, the organization of health and social services, and even the training of health professionals. All the more reason if multimorbidity is associated with functional dependence and/or loss of autonomy.

Now, more than ever, we are faced with situations of prolonged evolution that require not a punctual response, but one that is structured in time and that guarantees integration and continuity of care. In this context, naturally, people with multimorbidity will remain at home, which means that they and their families will need to develop their self-care capacity a lot to be able to manage their health autonomously for as long as possible.

Does it stand to reason that the health politics continue to follow the same moulds? And will the organizational and care models that have existed for almost a century continue to be the most appropriate? And are the functional contents and the strict borders between the professions the ones that best respond to the current needs?

All the dimension addressed above embody as structural challenges with implications at every level. Even as we might not agree on the paths to follow, we probably agree that change arises.

As such, we need to define a strategy that is based on what we agree on – the need for change –, that defines a goal – the improvement of care and consequently the quality of life and well-being of people – and that defines the instruments to achieve it. Among these, we highlight investigation. This must be present at all stages of the change process: in the diagnosis of what we want to change; in the selection of change indicators; on the basis of the chosen mechanisms of change; monitoring the change process and evaluating the results.

On the other hand, research cannot be something that is added from outside the teams, but rather be part of their lexicon of competences, through the incorporation of professionals with research skills (advanced training) or researchers. As such we need to create the conditions and to properly value advanced training in clinical context. Additionally, it is necessary to assume the principle of "distributed intelligence", that is, to understand that health professionals are endowed with high skills that, if properly organized and framed, have the potential to find innovative solutions to the problems they deal with.

In view of the above, a strategic reorientation of health research is advocated through the redefinition of the respective metrics. That is, that research indicators are not only measurable by published papers and registered patents, but also by their contribution to sustainable change.