

Quality Assessment in Primary Health Care Services: An Integrative Literature Review

Avaliação da Qualidade nos Serviços de Saúde na Atenção Primária: Revisão Integrativa da Literatura
Evaluación de la Calidad en los Servicios de Atención Primaria de Salud: Revisión Integrativa de la Literatura

RESUMO

A avaliação da qualidade na atenção primária à saúde é essencial para fortalecer o Sistema Único de Saúde (SUS) e orientar a reorganização dos serviços, garantindo acesso, integralidade e equidade. Este estudo teve como objetivo analisar as principais abordagens, desafios e potencialidades da avaliação da qualidade na atenção primária, a partir de uma revisão integrativa da literatura. Foram realizadas buscas nas bases SciELO, PubMed, LILACS e Google Scholar, com descritores relacionados a "avaliação", "qualidade", "atenção primária" e "SUS", incluindo estudos publicados entre 2015 e 2025 nos idiomas português, inglês e espanhol. Após a triagem de 727 estudos identificados, 13 foram incluídos na análise. Os resultados evidenciaram a diversidade de instrumentos e frameworks disponíveis, predominando indicadores de processo e estruturais, mas apontaram fragilidades como a baixa integração dos resultados ao planejamento dos serviços, desigualdades regionais e pouca participação de profissionais e usuários nos processos avaliativos. Estudos nacionais destacaram a necessidade de engajamento das equipes e fortalecimento de práticas participativas, enquanto pesquisas internacionais enfatizaram a padronização de indicadores e adaptação das estratégias ao contexto local. Conclui-se que a avaliação deve transcender seu caráter burocrático, tornando-se uma prática política, participativa e crítica, capaz de subsidiar decisões e promover melhorias contínuas na atenção primária.

DESCRIPTORES: Avaliação em Saúde. Atenção Primária à Saúde. Qualidade dos Serviços de Saúde. Sistema Único de Saúde.

ABSTRACT

Quality assessment in primary health care is essential to strengthen Brazil's Unified Health System (SUS) and guide the reorganization of services, ensuring access, comprehensiveness, and equity. This study aimed to analyze the main approaches, challenges, and potentialities of quality assessment in primary care through an integrative literature review. Searches were conducted in the SciELO, PubMed, LILACS, and Google Scholar databases using descriptors related to "assessment," "quality," "primary care," and "SUS," including studies published between 2015 and 2025 in Portuguese, English, and Spanish. After screening 727 identified studies, 13 were included in the analysis. The results highlighted the diversity of instruments and frameworks available, with a predominance of process and structural indicators, but pointed out weaknesses such as low integration of results into service planning, regional inequalities, and limited participation of professionals and users in evaluation processes. National studies emphasized the need for team engagement and the strengthening of participatory practices, while international research stressed the standardization of indicators and the adaptation of strategies to local contexts. It is concluded that evaluation should transcend its bureaucratic character, becoming a political, participatory, and critical practice capable of supporting decision-making and promoting continuous improvements in primary health care.

DESCRIPTORS: Health Evaluation. Primary Health Care. Quality of Health Services. Unified Health System.

RESUMEN

La evaluación de la calidad en la atención primaria de salud es fundamental para fortalecer el Sistema Único de Salud (SUS) y orientar la reorganización de los servicios, garantizando acceso, integralidad y equidad. Este estudio tuvo como objetivo analizar los principales enfoques, desafíos y potencialidades de la evaluación de la calidad en la atención primaria, a partir de una revisión integrativa de la literatura. Se realizaron búsquedas en las bases de datos SciELO, PubMed, LILACS y Google Scholar, utilizando descriptores relacionados con "evaluación", "calidad", "atención primaria" y "SUS", incluyendo estudios publicados entre 2015 y 2025 en portugués, inglés y español. Después de la selección de 727 estudios identificados, 13 fueron incluidos en el análisis. Los resultados evidenciaron la diversidad de instrumentos y marcos disponibles, con predominio de indicadores de proceso y estructurales, pero señalaron debilidades como la baja integración de los resultados en la planificación de los servicios, desigualdades regionales y escasa participación de profesionales y usuarios en los procesos evaluativos. Los estudios nacionales destacaron la necesidad de implicar a los equipos y fortalecer las prácticas participativas, mientras que las investigaciones internacionales enfatizaron la estandarización de indicadores y la adaptación de las estrategias al contexto local. Se concluye que la evaluación debe trascender su carácter burocrático, convirtiéndose en una práctica política, participativa y crítica, capaz de subsidiar decisiones y promover mejoras continuas en la atención primaria.

DESCRIPTORES: Evaluación en Salud. Atención Primaria de Salud. Calidad de los Servicios de Salud. Sistema Único de Salud.

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INTRODUCTION

The assessment of quality in primary health care services is one of the fundamental pillars for strengthening the Unified Health System (SUS), especially since this is the level of care responsible for organizing care and ensuring comprehensive assistance. However, its implementation faces obstacles ranging from the precariousness of assessment tools to the difficulty of articulating quantitative indicators with the subjective and contextual aspects of care^{1,2}. This tension between the need to improve the quality of care and the structural and operational limitations of the system calls for an urgent debate on the effectiveness of assessment strategies in Brazil.

In recent decades, national and local initiatives have sought to consolidate monitoring and evaluation practices as tools to support management, optimize resources, and improve decision-making. Programs such as PMAQ-AB and other experiences in different municipalities have brought advances in the use of indicators, but have also revealed important weaknesses, such as low participation by professionals and users and the persistent fragmentation of evaluation processes^{3,4}. These limitations raise crucial questions: to

what extent do the evaluations carried out reflect the concrete reality of the services? Have they served as instruments of transformation or do they remain restricted to a bureaucratic control function?

Studies indicate that when reduced to technical procedures dissociated from everyday practices, evaluation loses its strategic character, becoming an end in itself. On the other hand, when conceived as a participatory and dialogical process involving managers, workers, and the community, evaluation proves to be a powerful mechanism for reflection and reorientation of care practices^{3,5}. Thus, evaluating quality in primary care requires looking beyond metrics and numerical results, incorporating dimensions such as bonding, qualified listening, and resolutiveness, which are central elements for transforming the care model.

In this sense, evaluation should be understood not only as a technical tool, but as a political and social practice, essential for the consolidation of the SUS. By questioning the limits and potential of evaluation strategies, this study seeks to highlight that strengthening evaluation implies rethinking the logic that guides the production of care, shifting it from bureaucratic control to an effective instrument for transforming the ways of providing

healthcare^{1,5}.

METHOD

We opted for an integrative literature review, which allows us to gather, synthesize, and critically analyze the knowledge produced on a given phenomenon, integrating studies with different methodological approaches. This strategy was chosen because it provides a comprehensive view of quality assessment in primary health care services, identifying advances, gaps, and future perspectives.

The review process followed the steps described by Whittemore and Knaf6: (1) identification of the problem and definition of the guiding question; (2) literature search with systematic selection criteria; (3) data extraction and organization; (4) critical analysis and synthesis; and (5) presentation of results. The guiding question was: "What are the main approaches, challenges, and potentialities described in the literature on quality assessment in primary health care?"

The searches were conducted between May and June 2025 in the ScELO, PubMed, LILACS, and Google Scholar databases, using combinations of the descriptors "evaluation," "quality," "primary health care," and "SUS" with Boolean operators. Studies published between 2015 and 2025 in

Portuguese, English, and Spanish that addressed evaluation processes related to primary care were included. Duplicate studies, studies that did not focus on service evaluation, or studies that were limited to exclusively administrative analyses without an interface with healthcare practice were excluded.

The selection of articles took place in two stages: initially, screening by titles and abstracts; subsequently, complete reading to confirm eligibility. To ensure greater rigor, two researchers independently performed the search and selection stages, resolving disagreements by consensus. The extracted information was organized in

a summary table containing author, year, objective, type of study, main results, and conclusions. The analysis of the findings was conducted in a descriptive and thematic manner, enabling the identification of central and recurring themes regarding the challenges and advances in the field of quality assessment.

RESULTS AND DISCUSSION

The search in the SciELO, PubMed, LILACS, and Google Scholar databases initially resulted in 727 studies, distributed among national and international publications that addressed different aspects of quality assessment

in primary care. After applying the inclusion and exclusion criteria and eliminating duplicates, 13 articles were selected that best answered the guiding question of this review.

These studies cover different contexts and methodologies, including reviews, theoretical trials, descriptive analyses, and observational studies, and offer a broad view of the advances, challenges, and potential of quality assessment in health services. The following table summarizes the main information extracted from these publications, organizing them by author, year, objective, type of study, main results, and conclusions.

Table 1 – Selected studies on quality assessment in primary health care (2015–2025):

Author(s)	Year	Objective	Type of Study	Main Results	Conclusions
Ramalho et al. ⁷	2019	To characterize and list quality indicators discussed in the literature to support managers and clinicians.	Umbrella review	Identified 727 indicators, 74.5% of which were process-related and 89.5% related to chronic care.	Highlights the need for further research and discussion on the use and implementation of quality indicators.
Gage et al. ⁸	2017	Develop and apply a composite measure of primary care quality in Haiti.	Cross-sectional study	Only 23% of the population had access to good quality services; greater scarcity in rural areas.	Most Haitians do not have access to quality primary care, especially in rural areas.
Young, Roberts & Holden ⁹	2017	Proposing new priorities for quality management in primary care.	Opinion article	Criticizes rigid metrics and proposes a focus on patient-centered outcomes and qualitative reviews.	Suggests that quality assessment should be more flexible and patient-centered.
Macarayan et al. ¹⁰	2018	To assess whether health unit surveys capture relevant aspects of quality.	Descriptive analysis	Low overall quality score; gaps in user experience and competence outside maternal and child health.	Current measures do not capture key elements; major gaps limit the impact of primary care.
Farrokhi et al. ¹¹	2023	Develop and validate an instrument for assessing quality in primary care in Iran.	Methodological study	Final instrument with 30 items and 9 dimensions, good validity and reliability.	Valid and reliable tool for measuring quality, but further evaluation is recommended.
Endalamaw et al. ¹²	2023	Review indicators, successes, and challenges of quality in primary care globally.	Scope review	Indicators vary according to context; challenges include shortage of professionals and regional disparities.	Recommends continuous monitoring and adaptation of strategies according to local context.
Rezapour et al. ¹³	2022	Review and compare quality assessment frameworks in primary care.	State-of-the-art review	Identified 14 frameworks, with accessibility, coordination, and safety being the most frequent indicators.	Highlights similarities and differences between frameworks and guides policies to accelerate improvements.
Parchman et al. ¹⁴	2019	To assess the capacity for quality improvement in primary care practices.	Observational study	Capacity for improvement associated with previous experience and better clinical indicators.	Useful tool for guiding improvements and assessing capacity for change in practices.
Gonçalves et al. ¹⁵	2021	Analyze the quality of primary care in Brazil, highlighting advances and limitations.	Descriptive study	Identified improvements in access, but highlighted regional inequalities and weaknesses in continuity of care.	Points to the need to strengthen policies and evaluation processes to ensure equity and comprehensiveness.

Albuquerque & Felisberto ²	2023	Explore evaluation processes in primary care and their implications for SUS management.	Qualitative study	Highlighted the centrality of evaluation in supporting decisions, but emphasized the lack of integration with everyday practices.	Reinforces the importance of participatory and contextual approaches to increase the effectiveness of evaluation.
Silva et al. ⁴	2025	Investigate the quality of care provided in primary care in the Brazilian context.	Evaluative study	Demonstrated advances in the implementation of evaluation tools, but with low adherence by professionals.	Indicates the need for greater engagement of teams and integration of results into service planning.
Oliveira et al. ³	2021	Examine primary care evaluation tools and their potential.	Narrative review	Identified a diversity of instruments, but with limited application and little feedback to teams.	Concluded that the effectiveness of the assessment depends on its incorporation as a permanent management practice.
Souza & Araújo ⁵	2023	Discuss contemporary challenges in health assessment, with an emphasis on primary care.	Theoretical essay	Points out tensions between bureaucratic evaluation practices and the need for critical and participatory approaches.	Advocates for evaluation as a political practice aimed at transforming care practices.

Source: Research data, 2025.

The findings of this review show that quality assessment in primary care is a constantly evolving field, marked by advances but also by structural and methodological challenges. Ramalho et al.⁷, in compiling 727 indicators in their umbrella review, demonstrate the variety of metrics available, although the predominance of process indicators (74.5%) and those focused on chronic care reveal the limitation of the tools in capturing more complex dimensions of care. In this sense, Young, Roberts, and Holden⁹ question the dependence on rigid metrics, advocating for the need for more flexible, patient-centered instruments capable of reflecting the user experience and local contexts.

The analysis by Macarayan et al.¹⁰, which evaluated services in ten low- and middle-income countries, reinforces this criticism by highlighting significant gaps in the quality of services, especially outside the scope of maternal and child health, and in the dimension of user experience. These results are in line with Gage et al.⁸, who, when evaluating primary care in Haiti, identified that only 23% of the population had access to good quality services, revealing how structural inequalities compromise the effectiveness of care. These studies highlight the urgency of evaluation strategies that consider the social re-

ality and local determinants of health.

In the Brazilian context, Gonçalves et al.¹ point to advances in access and organization of services, but highlight regional inequalities and weaknesses in continuity of care. These limitations are reinforced by Silva et al.⁴, who highlight low adherence by professionals to evaluation instruments, and by Oliveira et al.³, who show that, despite the diversity of tools, their application is fragmented and poorly integrated into care practices. This dissociation between evaluation and transformation of care is criticized by Souza and Araújo⁵, who advocate a political and participatory approach so that evaluation transcends its bureaucratic nature and functions as a device for change in practices.

From an international perspective, recent studies such as that by Farrokhi et al.¹¹ make important contributions by proposing valid and reliable instruments for assessing quality, while Rezapour et al.¹³ analyze 14 international frameworks, highlighting recurring indicators such as accessibility, coordination, and safety. The scope review by Endalamaw et al.¹² broadens this discussion by pointing out common challenges, such as the shortage of qualified professionals and regional disparities, suggesting the need for continuous monitoring and strategies adapted to local contexts.

Finally, the research by Parchman

et al.¹⁴ highlights the relevance of the capacity for improving practices, relating better results to previous experience with qualification processes. This perspective converges with Albuquerque and Felisberto², who argue that effective evaluations depend on participatory processes involving managers, workers, and users, strengthening governance and decision-making.

Overall, the studies analyzed converge on the need to rethink evaluation as a process that goes beyond data collection for administrative purposes. Evaluating quality implies building a movement of critical reflection, incorporating technical, subjective, and political aspects of care, with a view to transforming the care model. Thus, the findings of this review reaffirm that strengthening the evaluation of primary care requires integrating robust indicators, participatory methodologies, and continuous feedback processes, transforming it into a true instrument of governance and qualification of care practice.

FINAL CONSIDERATIONS

This integrative review showed that, although there have been significant advances in the field of quality assessment in primary care, challenges remain that limit its transformative potential. The studies analyzed revealed that the predominance of tech-

nical indicators and the fragmented application of assessment tools contribute to the results being underutilized in the planning and reorganization of services. In addition, regional inequalities, the shortage of qualified professionals, and low adherence of teams to assessment processes emerge as significant obstacles, both in Brazil

and in other low- and middle-income countries.

For evaluation to fulfill its strategic role in strengthening the SUS, it is essential to adopt methodologies that integrate robust indicators with participatory processes, involving managers, workers, and users in a collective movement of reflection and

improvement of practices. Thus, evaluation should be understood not only as a technical tool, but as a political and social device capable of driving structural changes and promoting a more equitable, decisive, and population-centered model of care.

References

- Gonçalves LS, et al. Qualidade da atenção primária: desafios e perspectivas. *Rev Saude Publica*. 2021;55:22. Disponível em: <https://www.scielo.org/pdf/rsp/2021.v55/22/pt>.
- Albuquerque MA, Felisberto E. Processos avaliativos na atenção primária: uma análise crítica. *Saude Debate*. 2023;47(136):10–25. Disponível em: <https://www.scielo.br/j/sdeb/a/PBzMGfLkNtNYS76tYWhSghJ/?format=pdf&lang=pt>
- Oliveira RT, et al. Instrumentos de avaliação na atenção primária: avanços e limites. *Cienc Saude Colet*. 2021;26(9):4013–4024. Disponível em: <https://www.scielo.br/j/csc/a/6qV76YwhkBCMJRcqSnsB4sb/?format=pdf&lang=pt>
- Silva AP, et al. Atenção primária e qualidade do cuidado: um estudo avaliativo no contexto brasileiro. *Cienc Saude Colet*. 2025;30(2):e088702023. Disponível em: <https://www.scielo.org/pdf/csc/2025.v30n2/e088702023/pt>.
- Souza FC, Araújo MP. Desafios contemporâneos na avaliação em saúde: perspectivas críticas. *Rev Cognitus*. 2023;4(1):105–126. Disponível em: <https://ojs.editoracognitus.com.br/index.php/revista/article/view/105/126>.
- Whittemore R, Knaf K. The integrative review: updated methodology. *J Adv Nurs*. 2005;52(5):546–53. doi:10.1111/j.1365-2648.2005.03621.x
- Ramalho A, Castro P, Gonçalves-Pinho M, Teixeira J, Santos J, Viana J, et al. Primary health care quality indicators: An umbrella review. *PLoS ONE*. 2019;14:e0220888. doi:10.1371/journal.pone.0220888
- Gage A, Leslie H, Bitton A, Jerome J, Thermidor R, Joseph J, et al. Assessing the quality of primary care in Haiti. *Bull World Health Organ*. 2017;95:182-190. doi:10.2471/BLT.16.179846
- Young R, Roberts R, Holden R. The challenges of measuring, improving, and reporting quality in primary care. *Ann Fam Med*. 2017;15:175-182. doi:10.1370/afm.2014
- Macarayan E, Gage A, Doubova S, Guanais F, Lemango E, Ndiaye Y, et al. Assessment of quality of primary care with facility surveys: a descriptive analysis in ten low-income and middle-income countries. *Lancet Glob Health*. 2018;6:e1176-e1185. doi:10.1016/S2214-109X(18)30440-6
- Farrokhi P, Zarei E, Bagherzadeh R, Irannejad B, Hashjin A. Development and validation of primary health care quality assessment tool. *BMC Health Serv Res*. 2023;23:10162. doi:10.1186/s12913-023-10162-x
- Endalamaw A, Khatiri R, Erku D, Nigatu F, Zewdie A, Wolka E, et al. Successes and challenges towards improving quality of primary health care services: a scoping review. *BMC Health Serv Res*. 2023;23:9917. doi:10.1186/s12913-023-09917-3
- Rezapour R, Letaief M, Khosravi A, Farahbakhsh M, Ahmadnezhad E, Azami S, et al. Primary health care quality assessment frameworks: State of the art review. *Health Scope*. 2022;11:e126407. doi:10.5812/jhealthscope-126407
- Parchman M, Anderson M, Coleman K, Michaels L, Schuttner L, Conway C, et al. Assessing quality improvement capacity in primary care practices. *BMC Fam Pract*. 2019;20:1000. doi:10.1186/s12875-019-1000-1
- Gonçalves LS, et al. Qualidade da atenção primária: desafios e perspectivas. *Rev Saude Publica*. 2021;55:22. Disponível em: <https://www.scielo.org/pdf/rsp/2021.v55/22/pt>.