

What are the attitudes of general practitioners towards research?

GEOFFREY ROBINSON

MYLES GOULD

SUMMARY

There is an urgent need for high quality primary care research to provide a firm scientific basis for a primary care-led National Health Service; however, relatively little is known about general practitioners' (GPs') stated practices and attitudes towards research. This cross-sectional questionnaire study documents the attitudes and stated practices of general practitioners towards undertaking and using research. Virtually all 249 (90%) GP responders felt that primary care research was important, while majorities expressed interest in research (61%), using research to directly influence practice (68%), and an interest in undertaking future research (53%). Perceived priorities for future primary care research are chronic illness, primary care organisation, and patient behaviour.

Keywords: GP attitudes; research and development; questionnaire survey.

Introduction

It is widely acknowledged that there is an urgent need for high quality primary care research, to provide a firm scientific basis for a primary care-led National Health Service.¹ Research evidence is needed as a base for general practitioners' (GPs') growing roles in providing care for patients previously in secondary care, in purchasing patient care and managing budgets, and also to assess performance in these roles.^{2,3} The recently published *National Working Party Report on R&D in Primary Care* (The Mant Report)⁴ sets out, in practical terms, how the expansion of the primary care knowledge base should be achieved, with 24 specific recommendations. The report complemented the Medical Research Council's *Topic Review, Primary Health Care*,⁵ which identified a number of research needs and opportunities (the research base and organisation of primary care, help-seeking behaviour, acute illness, chronic disorders, and health promotion), as well as acknowledging the need for primary care research capacity.

In the United Kingdom, relatively little is known about GPs' stated practices and attitudes towards research.^{6,7} The objectives of this study were to explore those attitudes and stated practices towards research, previous training in research, research experience, research support needs, areas of personal interest, and primary care research priorities.

Method

In November 1997, 295 postal questionnaires were sent in confidence to all the GP principals in contract with Portsmouth and South East Hampshire Health Authority. A further questionnaire and letter were sent to all non-responders six weeks after the initial posting. The questionnaire used a combination of open and closed questions, and covered eight topics of interest. The first four sections looked at attitudes towards the importance of primary care research, interest in and use of research, experience of undertaking research, and interest in undertaking future research. Open questions in the fifth section looked at areas of research interest and views on research priorities. Closed questions in the remaining sections elicited data on individual GPs and their practices.

The issues were generated, specific questions developed, and the questionnaire was then created and piloted among members of the Portsmouth Primary Care Research Group. The chair of the Local Research Ethics Committee was informed of the survey.

Completed questionnaire responses were anonymised, coded, and entered onto a computer. Analysis was undertaken using SPSS and Arcus QuickStat.

Results

Of the 295 questionnaires sent out, 249 GPs responded, making a response rate of 84%.

Details of responders

Thirty-six per cent (90/248) of responders were aged 39 years and under, 42% (104/248) were aged 40 to 49 years, and 22% (54/248) aged 50 years and over. Of the responders, 81% (201/249) were full-time, 70% (172/245) were male, and 77% (189/244) worked in urban or inner-city practices.

Membership of the Royal College of General Practitioners was reported by 57% (141/248) of responders. Other qualifications held numbered 316, but only included 21 with a research training component (18 MSc and three PhD qualifications).

Attitudes towards primary care research importance

The majority of responders felt that primary care research was either very important (22%, 55/249), or important (68%, 170/249). Only 9% (23/249) stated that research was either unimportant or not at all important.

Interest in research

A majority of 61% (146/241) of responders expressed an interest in research, while only 39% (95/241) stated no interest. A similar proportion of 60% (146/245) were interested in primary care research, but only 34% (82/244) were interested in secondary care research. When asked if they used research to directly influence their clinical practice, 68% (163/239) replied positively.

Experience of research

Training in research was reported by 38% (95/248) of responders, with 30% (74/247) at undergraduate level and 17% (42/248) at postgraduate level. Only 8% (20/247) had received training within the previous three years. Ongoing involvement in

G Robinson, MRCP, general practitioner, Portsmouth Primary Care Research Group, The Lake Road Research and Development Practice, Portsmouth. M Gould, PhD, lecturer in geography, School of Geography, University of Leeds.

Submitted: 8 October 1998; final acceptance: 9 June 1999.

© British Journal of General Practice, 2000, 50, 390-392.

Table 1. Areas of personal interest for future research.

Area mentioned	Number (%) of responses mentioned	Main categories of responses [n (%)]
a. Primary care organisation	16 (6)	GP workload and stress 4 Extended nurse role 4 Time management 2
b. Patient behaviour	19 (8)	Patients' attitudes and expectations 4 Patient education 2 Trends in behaviour 2
c. Acute illness	19 (8)	Paediatrics 6 URTIs 5 Ear infections 4
d. Chronic illness	127 (51)	Asthma and other respiratory 26 (10) Cardiovascular 22 (9) HRT and contraception 14 (7) Depression and mental health 7 Diabetes 6
e. Prescribing and treatment	21 (8)	Prescribing <i>per se</i> 6 Antibiotic use 4 Complementary treatments 4
f. Health promotion and disease prevention	7 (3)	
g. Effectiveness/outcome measurement	39 (16)	Use of tests 4 Use of information technology 4 Quality measures 3 Evidence-based medicine 3 Cost-effectiveness 1
h. Research infrastructure	0 (0)	

Overall number of responses = 248, number of GPs responding = 122 (responders could give up to three responses). Average number of responses per GP = 2.03.

Table 2. Perceived priority areas for future primary care research.

Area mentioned	Number of responses mentioned (%)	Main categories of responses [n (%)]
a. Primary care organisation	45 (19)	Time management 7 Workload 6 Extended nurse role 5
b. Patient behaviour	43 (18)	Patient education 9 Patients' expectations 5 Social factors influencing 3
c. Acute illness	10 (4)	Protocols for managing 3
d. Chronic illness	53 (22)	Cardiovascular 22 (9) Depression and mental health 8 Asthma and other respiratory 7 Elderly care 3 Diabetes 2
e. Prescribing and treatment	40 (17)	Antibiotic use 10 (4) Cost-effectiveness 7 Prescribing <i>per se</i> 6 Antidepressant use 4
f. Health promotion and disease prevention	21 (9)	Smoking 5 Screening 3 Prevention <i>per se</i> 2 Lifestyle 2
g. Effectiveness/outcome measurement	24 (10)	Referrals 4 Use of tests 4 Outcomes 3 Evidence-based medicine 3 Information technology 3
h. Research infrastructure	4 (2)	

Overall number of responses = 240, number of GPs responding = 116 (responders could give up to three responses). Average number of responses per GP = 2.07.

research was described by 13% (33/247) of GPs, with all but one of these being involved in primary care research. Collaborative research between practices was reported by 5% (12/247) of responders. Only 4% (9/244) had published research within the past three years.

Future research

Interest in doing research in the future was expressed by 53% (126/238) of responders. Preferences for primary care research were declared by 48% (116/241) of responders and only 6% (15/239) said they would like to undertake secondary care

research. Thirty-one per cent (74/238) of responders said they were interested in collaborative research between primary and secondary care, while 36% (85/236) favoured collaborative research between practices. When asked what resources would help facilitate research, 61% (151/247) mentioned protected time, 51% (127/247) stated expertise, 50% (124/247) said money, and 27% (67/247) said support groups.

Areas of personal interest for future research

Table 1 shows that the areas of personal interest for future research most mentioned were within the fields of chronic illness and clinical effectiveness/outcome measurement.

Perceived priority areas for future primary care research

Table 2 shows a clear distinction between personal areas of research interest and perceived priority areas for primary care research.

Discussion

This study has limitations, but is of value as an initial exploration of general practice research. The high response rate of 85% is very encouraging. The results may not be generalisable to some other localities, however, owing to low numbers of female, part-time, and rural GPs. The data is self-reported and may vary with perceived definitions of research. The figures for personal research interests and future priorities for general practice research may be skewed by GPs with particular interests, thus giving a larger than average number of responses. The views of uninterested GPs are difficult to elicit in a postal questionnaire.

There is an urgent need for high quality primary care research and a large cultural shift to support it. While few responders felt that primary care research was either unimportant or not at all important, it is worrying that one-third reported they were not using research to directly influence their clinical practice. This may reflect differences in understanding the question, the use of original research papers, or the dissemination of research. However, it may reflect the separate cultures of medical research and clinical practice, and also the need for research findings to be presented in a way that clinicians can more easily incorporate into everyday practice.⁸

The results presented demonstrate the existence of a low primary care research base in Portsmouth, and parallel the findings of the Trent Focus Group.⁷ Training is needed not only in undertaking research, but also in understanding and using research.⁹ Further study of this area will be rewarding.

References

1. Mant D. R&D in primary care: an NHS priority. *Br J Gen Pract* 1998; **48**: 871.
2. Hayden J. The importance of general practice in a primary care-led NHS. *Br J Gen Pract* 1996; **46**: 267-268.
3. NHS Executive. *The New NHS: A National Framework for Assessing Performance*. Wetherby: Department of Health, 1998.
4. NHS Executive. *National Working Party Report on R&D in Primary Care*. Wetherby: Department of Health, 1997.
5. Medical Research Council. *Topic Review: Primary Health Care*. London: MRC, 1997.
6. Smith L. Research general practices: what, who, and why? *Br J Gen Pract* 1997; **47**: 83-86.
7. Trent Focus Group. *Identifying the Research Training Needs of Primary Health Care Staff in the Trent Region*. Nottingham: University of Nottingham, November 1995.
8. Owen P. Clinical practice and medical research: bridging the divide between the two cultures. *Br J Gen Pract* 1995; **45**: 557-560.
9. McColl A, Smith H, White P, Field J. General practitioners' perceptions of the route to evidence-based medicine: A questionnaire survey. *BMJ* 1998; **316**: 361-365.

Acknowledgements

We are very grateful to members of the Portsmouth Primary Care Research Group for their support, and to all the Portsmouth GPs who returned completed questionnaires. The questionnaire survey was funded by the Portsmouth and South East Hampshire R&D Support Unit (RDSU) where Dr Gould was lecturer in Health Services.

Address for correspondence

Dr Geoffrey Robinson, Portsmouth Primary Care Research Group, The Lake Road Research and Development Practice, Portsmouth PO1 4JT.