

Barriers to the development of collaborative research in general practice: a qualitative study

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SUMMARY

General practice-based research activity is increasing rapidly, particularly for large, collaborative, multi-centre studies. We conducted semi-structured interviews with general practitioners and other professionals at practices in the East London and the City Health Authority area, to investigate the difficulties presented by becoming involved in these studies. Interviewees' main concerns were: time constraints; team motivation; the perception that external researchers have unrealistic expectations; the need for good communications throughout and, specifically, for good feedback from these researchers.

Keywords: *general practice research; collaboration; qualitative study.*

Introduction

THE medical exodus from a traditional hospital setting towards the community can be described under three discrete headings: clinical care; education and training; and research. Although there is little evidence yet that a shift towards a primary care-led NHS has actually taken place,¹ the majority of medical schools have heeded the call of the General Medical Council² in expanding dramatically the clinical placements available for undergraduate medical students. Practice-based research has been slower to receive significant infrastructural support but is now undergoing equally rapid development. Most of the 30-plus primary care research networks have only commenced operating over the past couple of years.

General practice involvement in research can best be divided into the collaborative and the independent. In this context, collaborative refers to studies that are multi-centred and initiated by external organisations. Many of the larger examples of these recruit collaborators through the Medical Research Council General Practice Research Framework, a national network of more than 900 practices.³ Most of its members do not yet conduct independent programmes of research.

This paper focuses on the difficulties from a general practice perspective of participating in external collaborative projects and uses data collected during the second (qualitative) phase of our recent mapping project,⁴ which was designed to document all research and clinical educational activity in practices in the East London and the City Health Authority (ELCHA) area. The specific research question was proposed by one author (NJW) on behalf of the local research network, the East London and Essex Network of Researchers (ELENoR).

Method

A semi-structured interview guide was developed, with particular emphasis on difficulties encountered in participating in research and suggestions for overcoming them (this guide appears in full as an appendix to the project report⁴). Draft guides were piloted with two general practitioners, a practice manager and a practice nurse at two of the five ELENoR member practices in ELCHA.

Nineteen semi-structured interviews were conducted individually with practice team members during the second quarter of 1999. The sample was designed to represent the diversity of practices, including the three remaining members of ELENoR, three practices with no recent research activity, and six with intermediate levels of activity. Interviewees comprised nine general practitioners, four

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HOW THIS FITS IN

What do we know?

The NHS research and development programme has recognised the key part to be played by research in primary care and community settings. In the last 10 years there has been rapid expansion of primary care research networks, identified research practices, and training and career opportunities in research.

What does this paper add?

Protected time to do research and good communication between researchers and service-based practitioners are prerequisites for sustained collaboration and success. The future implementation of the new NHS R&D Priorities and Needs Funding will need to address how the research capacity in primary care continues to develop and identify the infrastructure needed to support the activity.



practice managers, three practice nurses, and one full-time research assistant. Each interview lasted around 30 to 40 minutes, and was tape recorded and fully transcribed with the aid of extensive supplementary notes.⁵ Qualitative textual analysis was implemented for the interview transcripts, using the notes as guidelines and incorporating some simple word searches and counts.^{4,6}

Results

Pilot work had identified themes that were used as prompts during the main interviews. Two of these themes — time constraints and team motivation — proved to be particularly important. The interviews identified time as the main obstacle to collaborative research, with the demands of different collaborative studies, ranging from negligible to a 'huge amount of work'. Regarding motivation, we found that it is often the administrative staff that get the extra workload from external projects, despite usually having the least influence over the decision to participate. In addition, the lack of ownership of external projects by the doctors and other team members can be a disincentive to participate. Other themes, such as finance, information technology facilities, employment status (e.g. partner versus employee), and involvement in PCG-related work generated relatively few responses.

However, the interviews produced two important emergent themes that were more specific to external projects: the need for feedback from the external researchers to the participating practices and the perception that external researchers have unrealistic expectations of participant practices. The quantity, quality, and timing of feedback about one's patients and about the outcome of a study can make the difference between members of practice teams feeling that their participation has been worthwhile and rewarding and feeling that they have merely been used as a free source of patients, data, or even labour. In this respect, some interviewees had already experienced very encouraging outcomes. However, general practitioners and practice managers reported that both clinical and administrative staff can be demotivated by the researchers' lack of understand-

ing of the culture and priorities of general practice. Although actual experience was not exclusively negative, this lack of insight had led to increased time pressure and to flawed study protocols. By the time a research team contacts a practice team to recruit them it is usually far too late to alter a protocol or questionnaire, indicating a need for more input from primary care at an earlier stage in the design of a study.

Finally, interviewees were asked to suggest ways of overcoming the major obstacles to successful involvement in collaborative research that they had described. Good communication proved to be the main theme, whether in terms of researchers making their objectives clearer to practices or practices ensuring the researchers are aware of their priorities and limitations, or even the question of who accepts responsibility for explaining a study to the patients.

Conclusion

This study has implications for the future of collaborative research in general practice. External researchers are advised to take steps to consider the priorities and pressures of life in general practice when planning, proposing, and executing their studies. Practice teams should not be expected to take on substantial additional work for no reward, especially when the nature of that work is beyond their control. Good communication between researchers, team members, and patients is essential at all stages of a study.

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