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Should my GP do Research?: Consumer Perspectives of GPs Undertaking Research

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ABSTRACT

While General Practice is becoming increasingly involved in research, consumer perspectives of this change have rarely been investigated. As key stakeholders in both research and health services, consumer perspectives are important. This paper explores the perspectives of health consumers throughout the state of Victoria (Australia) to ascertain consumer views about their local GPs undertaking research. A mail survey of adults randomly selected in metropolitan Melbourne is compared with adults randomly selected in the remainder of the state. There were no differences identified between the two samples but the findings did reveal that health consumers are generally positive about GPs being involved in research. Consumers were often unsure about whether their own GPs were involved and felt research involvement would impact clinical time, but were generally supportive of GPs choosing to undertake research as a way of keeping up-to-date. Implications of the findings are discussed, including the lack of consultation with consumers about this change in general practice.

ARTICLE

What is the study about?

Health consumers are key stakeholders in health services and need to be considered in the types of health services provided. This means that consumers provide important contributions to research which assists in planning services and improving the quality of health care (CHFA, NIS and DHFS 1997; Magarey, Lyons, Siegmann, Kalucy, Rogers and Veale 2000). Consumers are involved in research in a range of ways, most commonly as participants but also through giving consent, participating, sitting on reference groups and ethics committees, and sometimes as

researchers (CHFA, NIS and DHFS, 1997). However, little research has considered how health consumers feel about their GPs being involved in research and whether or not patients support their own doctor's research (Magarey, Lyons, Siegmann, Kalucy, Rogers and Veale 2000). "To date, much of the research has focused on the GP view, with little evidence about the consumer or patient perspective" (CHFA, NIS and DHFS 1997: 4). The aim of this paper is to explore health consumer attitudes towards GPs being involved in research.

Some consumers may think that research benefits their own care through their GP being involved in the development of health information and up-to-date with current health knowledge. Others may be concerned that research takes GPs away from time with their patients. Understanding consumer perspectives of research by the GP is important. Health consumers "have an interest in the research that underpins efforts to improve quality of care" (CHFA, NIS and DHFS 1997: 5). Consumer views of these issues are presented in this paper.

How was the research conducted?

A statewide questionnaire titled 'Relating to Your Family Doctor' was mailed to 1200 randomly selected residents in the Melbourne metropolitan area and 1200 randomly selected residents across non-Metropolitan Victoria. One week after the questionnaires were mailed, a postcard reminder/thank you was mailed to all those sampled. Four weeks after the initial mailing, individuals who had not yet responded were mailed another questionnaire, letter and reply envelope. A total of 1219 questionnaires were completed and returned resulting in a response rate of 58%. This included 509 from the Melbourne sample and 710 from the remainder of the state. The data were entered into a computer database and statistically analysed. Results are presented in the findings.

What did the study find?

More than three-quarters (77%) of respondents were "unsure" if their own GP undertook research. But just over half of the consumers surveyed would like their GP to undertake research. Only 7% did not want their GPs to undertake research. Most respondents were not aware that their local area had a Division of General Practice (88%) or if their local division undertook research (97%).

In response to another question, 40% of respondents indicated that they would be willing to participate in research undertaken by their own GP. Another 41% said they might be willing to be involved in their own GP's research. Of course, these respondents are already participating in research and it is likely that the 42% of those

sampled who did not respond to this questionnaire would be less likely to participate.

Respondents were also asked in an open-ended question what kind of research their GP should be involved in. A total of 648 (53%) respondents provided at least one answer, some giving more than one response. The most frequent responses were:

- "any type of research that would keep my GP up-to-date" (165 consumers)
- the GP's choice based on what patients need (71 respondents)
- new drugs and/or technology (64 respondents)
- local community health issues (38 respondents)
- alternative/natural treatments (37 respondents)
- cancer (33 respondents)
- mental health (31 respondents)
- consumer needs or the needs of individual patients (22 respondents)
- effectiveness of treatments/medication (20 respondents)
- public health (20 respondents)
- women's health (17 respondents)
- aged care (16 respondents)

Another question asked respondents to rate the importance of different types of health research. The types of research considered most important were research into new drugs and medication, specific diseases and the effectiveness of treatments. While six in 10 considered research into consumer/patient needs as important, half considered research into diet and nutrition, bodily functions, population, service provision and equity, and doctor-patient relationships as important. Around three in 10 considered research into computerised health systems as important.

When asked who should undertake research on general practice, over half of the study participants (54%) indicated a combination of GPs, Divisions of General Practice and researchers. While 16% indicated researchers only, 9% indicated GPs only and 9% responded Divisions only. Another 12% were unsure.

Four statements about GPs undertaking research were presented to consumers who were asked to agree or disagree with each statement on a five-point scale. It was found that over half of consumers agreed that "my GP could assist in promoting health by undertaking research" and over half agreed that "my GP would be more informed if he/she undertook research". While consumers were generally supportive of their GP undertaking research, four in ten consumers agreed that "my GP does not have time to conduct research". Only one in five consumers agreed that "my GP should stick to being a doctor, not doing research".

What does this mean?

This study found that about half of consumers wanted their own GP to be involved in research and most others were unsure. Respondents indicated that consumers tended to support GPs being involved in research, many because they felt that research could assist in promoting health and ensuring that GPs were informed. Most consumers did not agree that their "GP should stick to being a doctor and not do research" which implied that research is an accepted role of a doctor. Around four in ten agreed that time was a key issue and research would take GPs away from patient time. In an open-ended question about research, consumers supported doctors undertaking research because it "would keep my GP up-to-date" but that it was the GPs choice whether or not to do research. This suggests that consumers would support GPs choosing to be involved or not involved in research. Consumers tended to support clinical research about diseases and treatments more than other types of research, such as public health.

In addition to supporting their own GPs being involved in research, most consumers surveyed would consider participating in research being undertaken by their GP. Again this indicated general support by consumers of GP involvement in research. While consumers supported GP involvement in research, most believed that health research should be undertaken by a range of health professionals and researchers.

While generally supportive, it was clear that respondents did not have a lot of information about their GPs' research activities. Over three quarters were unsure whether or not their own GP undertook research. This suggests that GPs involved in research do not often share this with their patients and consumers do not have a good understanding of what this means for GPs or themselves. This research also found that consumers were not aware of Divisions of General Practice, both in terms of what they are and their level of involvement in research. Again, this represents a lack of inclusion of consumers in the changing nature of general practice. Therefore, while consumers are supportive of their own doctors doing research, they do not have much information about it. Inclusion of consumers in health research activities would improve research, inform patients about health and result in better health services (CHFA, NIS and DHFS 1997; Magarey, Lyons, Siegmann, Kalucy, Rogers and Veale 2000).

References

AIHW (2002), *Australia's Health 2002* Vol. AIHW Cat. No. Aus 25, Canberra: Australian Institute of Health and Welfare.

CHFA (Consumers Health Forum of Australia), NIS (National Information Service) and DHFS (Department of Health and Family Services) (1997), *Collaborative Consumer Workshop on GP Research and Evaluation*, ACT: Consumers Health Forum of Australia.

Magarey, Anne, Graham Lyons, Karen Siegmann, Elizabeth Kalucy, Wendy Rogers and Bronwyn Veale (2000). *Consumers and Non-clinical Researchers in General Practice Research, Evaluation and Development*. Adelaide: National Information Service, Department of General Practice, Flinders University.

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