

Physician Attitudes Toward Research Study Participation: A Focus Group

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ABSTRACT

The Wisconsin Research Network (WReN) and the UW Health Education And Research Trial (HEART) sponsored a focus group to explore the attitudes of primary care physicians toward research in their practices. Physicians, representing a variety of practice groups, emphasized that research is a low priority in their organizations. All had participated in some form of research, are philosophically committed to research as important to primary care, but are hesitant to commit themselves to participation in further research. They emphasized that academic researchers need to understand the constraints of primary care practice, propose research ideas that are practical and interesting to care providers, provide relevant feedback to participating practices, and do the majority of the research work themselves so impositions on the practice are minimal. The traditional barriers to practice-based research, such as the cost of physician and staff time and diversion from other tasks, continue to be of concern when physicians consider participation in research projects.

TEXT

The intent of this brief report is to share the insights and perceptions of a focus group of physicians with experience in primary care research,

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regarding issues they consider important for practice participation in research studies.

METHODS

Although other authors have addressed this issue using survey methodology^{1,2,3} or reporting on actual recruitment experiences,^{4,5} a focus group has the potential to yield a free flow of information from the primary care physicians' perspectives on research within their practices without restriction to a set of responses defined by researchers.⁶ We recruited a convenience sample of eight physicians (seven family physicians and one internist) from the Wisconsin Research Network (WReN), and from practices which had declined participation in the Health Education and Research Trial (HEART), but who had some experience with primary care research studies.

The discussion guide was based on prior research findings and the collective research and practice experience of the authors. An independent focus group expert (Kroupa and Associates, Madison, Wisconsin) assisted with the development of the discussion guide, then moderated, audio taped, transcribed, and summarized the focus group. The authors observed the discussion through a one-way mirror, and extracted information from the original transcript using an editing analysis style⁶. The following is a summary of the general themes of the focus group discussion.

RESULTS

Information about the physicians and their practice groups obtained by questionnaire immediately before the focus group meeting is summarized in Table 1.

These physicians work in a variety of practice settings including partnerships, a staff model HMO, a solo practice, and a community clinic serving 65% uninsured patients. All but two practices are affiliated to some degree with a larger health care organization or HMO, but two-thirds to three-quarters of their patients remain fee for service. Their practice groups had participated in

Table 1 - Physician and practice characteristics
N=8 (7 male, 1 female) 7 family physicians, 1 general internist

	Mean	(range)
Age of physician	43	(33-52)
Primary care physicians per site	7.4	(1-20)
Physicians per site	14.8	(1-60)
Primary care patient staff per site	18	(2-80)
Hours worked/week	51	(10-80)
Number of patients/day	26	(12-50)

various research studies sponsored by WReN, the University, pharmaceutical companies, and a self-supported study.

The physicians see their primary mission as providing services to patients. Philosophically they view primary care research as good for enhancing the legitimacy of family practice since they believe that most research is conducted by "specialists who see totally different patients". However, they also indicated that they have no personal commitment to doing research, and rely on others to identify and do potential studies.

While they generally reported positive experiences with research projects, participants indicated that they became easily frustrated with the additional requirements of study orientation, filling out forms and tracking patients. Several said they had discontinued their participation prior to a study's completion with explanations such as "they constructed this research project in such a way that it was ... too cumbersome to do. It was not practical."

They indicated that experiences with both academic and pharmaceutical research were successful from their viewpoint when researchers provided the necessary labor or, less preferably, paid the office staff for the extra work. A typical comment was: "The studies that have worked have been ones where people have come in and said, 'we will do it all, you don't need to do anything.'"

This group of physicians is not motivated by authorship, and sees academic physicians operating in a very different world from their own. "One of the things academics forget is that we run a business, and part of my making that business work means doing things that make money; and doing your research is not going to make me any money." They believe that academic physicians need personal contact with physician participants in order to understand the practice environment. The participants noted that it is useful to hear the latest thinking from academics, but it needs to be

practical for the 'real world.' The idea also has to be sold to the entire practice; a physician can't speak for the entire group. One said "... you've got to make me feel like it is my problem (issue) and I've got to make my other seven partners feel like this is a pressing problem, so let's go do it." Their enthusiasm for participation in research then goes as far as saying: "...here is our practice, you are welcome to look at it, but don't get in our way and let us do our job."

Studies that focus on long-term benefits, such as disease prevention, are not seen as having the payoff necessary to encourage a practice group to participate. They do however want to know how to use their time more efficiently and better serve their patients by learning what treatments are most effective. Representative comments include: "...how is it going to help our patients here and now?" "...and what would be a better way of using our time in terms of the health of our patients overall." "I think anything that compares the traditional way of doing things with the new way of doing things, and has a way of looking at outcomes to see if a different way works better would be potentially useful."

The group was generally receptive to the idea of researchers looking at what is happening in their practices; "...we have been involved with various situations where people have come and looked (at our practice). Our first thought is often, boy we don't do that very well... so you have a little apprehension about it, but actually it turns out to be a good learning experience. Both sides learn something." They indicated a desire for timely, independent, non-judgmental feedback from academic researchers, but believe it is a difficult task. "... I wouldn't mind at all having someone come and look at my practice and tell me, hey this is the current thinking and maybe we ought to try to do these kinds of things, but how you actually integrate that into your practice and yet handle the volume (of patients) ... I think that is not a trivial and simple thing."

The discussion of the time involved in practice based research had several components, some of which appeared to be economic issues. Participation in research takes time away from patients, and tasks related to research add to the sum total of the things physicians have to accomplish in a limited amount of time. The imposition on staff time was seen as being disruptive to the smooth operation of the practice, which may lead office managers to veto a project. The physicians

discussed time issues as directly related to practice income and wanted payment of staff for non-patient care time.

DISCUSSION

Information from one focus group cannot be generalized to other groups of physicians; it can however raise questions for further exploration and generate recommendations specific to the group. The primary care physicians in this group are primarily interested in meeting their patient care and economic needs. Even prior participation in a research project does not ensure that a individual physician is interested in or will participate in future research studies. Rather, each study is evaluated on its' own merit and its' effect on the physician's practice. These physicians report they are more likely to collaborate with researchers if the research question addresses issues important to their own primary care practice, assists them in providing better more efficient patient care, and does not interfere with their daily care giving or overburden their staff. The barriers to research participation noted by the group are consistent with prior reports which found that multiple factors are considered prior to research participation including: time, funding, interest in the topic of the study,⁴ the backing of support staff,^{3,7} and the intrusiveness factor.⁸

Primary care research depends heavily on the participation of representative primary care practices. This group of physicians believes that in order to recruit primary care groups that are not necessarily interested in research, academic physicians and researchers need to assure primary care physicians that they have an understanding of their practice. This can be accomplished if a physician with practice experience participates in the design, development, recruitment, and coordination of primary care research trials; and if the design of the project itself:

- is of interest to the prospective participants
- is seen by physicians as contributing to improved patient care
- balances academic idealism with practical application
- recognizes primary care physicians' goals are patient services
- is simple to execute
- requires minimum time and is minimally disruptive to the practice

- takes the actual workload off the physician and staff,
- reimburses practice time and expenses
- provides timely feedback to the practice

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