The Role of Research in the Health and Social Care Professions

Learning Outcomes

On completion of this chapter the reader should be able to:

- understand the development of research in the health and social care professions
- appreciate the need to become ‘research literate’
- identify the major factors that contribute to debates about the nature of research and evidence
- understand the emergence and development of evidence-based practice
- consider different ways of defining research.

Key Terms

- research literacy
- research capacity and capability
- evidence-based practice
- definitions of research
- research in context
- hierarchies of evidence

Introduction

The term ‘research literate’ or ‘research aware’ has been used by many to describe the way that the professional health and social care practitioner should be in the twenty-first century. This
is a term that we favour as our intention in this introductory book is not to provide a text that equips health and social care professionals to undertake research, but rather to assist all practitioners to become research literate or research aware through a greater understanding of research within their respective professional groups. However, this does not mean that we think health and social care practitioners should not be undertaking research. To the contrary, health and social care professions all need more researchers in their field of practice and it is important to build the research capability (skills) of practitioner researchers as well as research capacity (volume). However, we believe that particular skills and knowledge are required to become a researcher in a particular field of practice, such as social work, midwifery, physiotherapy, nursing, just as in any other specialist area, such as mental health, child protection, cancer care, and that is beyond the remit of this book.

The majority of health and social care practitioners do not have, nor necessarily need, the skills required to undertake a research project themselves. What we all need, however, are the skills and knowledge to appreciate, understand and use research and evidence in order to provide the highest quality and most effective care possible for our patients, clients and service users. It should be a natural activity for health and social care practitioners to keep up to date and use research findings and evidence in their work, and being ‘research literate’ is one of the basic skills required of all these professional groups.

**Research literacy**

By using the term ‘research literate’ we mean: having the capability for critical thought, possessing analytical skills, having the skills to gain access to relevant research and evidence, having a critical understanding of research processes, and being able to read and critically appraise research and other types of evidence. Through possessing these skills and being research literate, health and social care practitioners will be able to assess the appropriateness of using specific evidence in their daily practice, and identify research problems and priorities. This is not an easy task and it is generally accepted that more nurses need to become research aware and research literate.
Health and social care practitioners also need to have an awareness of any potential ethical issues that may arise in relation to their patients, clients and service users if research is undertaken. This includes having an understanding of the implications of collecting data for other researchers, and the statutory duties and responsibilities associated with their professional groups that may not sit comfortably with research.

The groups that fall within the scope of health care and therapy professions that we have included in this book are nurses, midwives, physiotherapists, podiatrists, occupational therapists, speech and language therapists, and radiographers. Within social care we are mainly considering social workers as the primary group concerned with skilled professional practice and decision-making across a range of social care tasks (Macdonald, 2000). These health and social care professional groups span: hospital, residential, community and primary care; statutory, voluntary, independent and non-profit health and social services; and preventative, therapeutic and supportive services.

Prior to the introduction of diploma and graduate level prequalifying education for many of these professional groups in health and social care, research awareness and understanding were limited in the curriculum. This means that there are many qualified practitioners who have not had the opportunity to explore and become aware of research and evidence-based practice. These practitioners now recognise the need to become research literate and are seeking out opportunities to develop their understanding and awareness of research in the health and social services. There are many courses, study days, online and web-based resources, books and journal articles which are more accessible to most practitioners, and being able to attend a conference or specialised study day is also a good opportunity to become aware of research in one’s own area of practice.

The care provided by all health and social care practitioners must be based on current knowledge and evidence that promotes the delivery of the highest standards of care possible. All the professional groups in health and social care are working hard to develop their own professional knowledge base with strong foundations built on research and evidence. Each professional group has research leaders who are striving to develop research knowledge and evidence for both their professional colleagues and the users of their services, such as clients and patients. Excellence in practice is dependent on the research
and evidence base of each professional group and we all have a responsibility in some way to contribute to our own profession’s knowledge through research.

**Researchers in health and social care**

As previously mentioned, there are many people who undertake research that could come under the broad category of health and social care research. There are those in disciplines such as psychology, sociology, social and welfare policy, and other social sciences who have a clear relationship with health and social care and who research from the perspective of their own discipline using techniques that might be specifically related to that discipline. There are also researchers, such as historians, economists, statisticians, epidemiologists, geographers and anthropologists, who will again bring their own discipline to a particular research project. There are also practitioners who undertake research from their own professional perspective, such as physiotherapy, social work, nursing, in order to make a direct improvement to their practice and this may involve more active research approaches than in other areas of research. Practitioners who are working in therapy or nurse consultant roles, or those who are advanced practitioners, are also likely to be undertaking research directly related to their area of expertise. There is also a growing body of patient or client-led research that brings a different perspective to the research endeavour. Working in multi-disciplinary teams, this type of research and the researchers on the team will be seeking to directly improve care within a particular client or patient group.

The growing area of health services research is likely to involve multi-disciplinary teams including health professionals, social scientists, statisticians and health economists. There may be physiotherapists, nurses, podiatrists or speech and language therapists directly employed in specialities, such as carer support, breast care, respiratory medicine, paediatrics, diabetes care, who undertake small studies in their own area of work; or there may be health and social care practitioners employed directly onto a specific project, for example, a clinical trial examining the effectiveness of a counselling service, or looking at what works in family support or child protection. A quick look at journals related to the health and social services will
give some idea of the types of research that are conducted and reported by health and social care professionals.

Some health and social care practitioners may undertake research as part of a pre- or post-qualifying degree course, or during a period of study, and many more now study at postgraduate level including doctoral studies. As previously mentioned, health and social care students studying at diploma level are often not encouraged to undertake research, although they might perform activities, such as designing a questionnaire or interviewing colleagues, as exercises to help them understand research methods. More commonly they will develop skills to enable them to critically appraise research in order to inform their practice. Students may also undertake project work or write essays using research findings and evidence. All these activities are important and necessary in helping health and social care practitioners to become research literate.

The development of evidence-based practice

Evidence-based practice has rapidly emerged since the early 1990s and has had a significant impact on health and social service provision. As the starting point for this movement, evidence-based medicine has become a ‘cornerstone of UK health policy’ (Reynolds, 2000), and there has been a swift adoption of key concepts in other professional groups particularly in nursing, physiotherapy, public health, mental health and child health (Trinder, 2000a). In other areas, such as social work, the notion of evidence-based practice has been subject to ‘reworking’ and re-interpretation within a framework of existing research and practice traditions (Trinder, 2000b).

The growth of evidence-based practice is not without its critics across all areas of health and social care, and there is limited consensus on the merits of evidence-based practice. Some point out that there is no ‘evidence’ that evidence-based practice actually works; that it constrains professional decision-making and autonomy; that it is too simple and is ‘cook-book’ practice; that it is a covert method of rationing resources; and that it exalts certain types of research evidence over other types of knowledge and evidence. Health and social care practitioners need to be aware of the debates surrounding evidence-based practice both within their own professional group and more
generally in the health and social services (see Trinder, 2000c, for a useful critique).

The successful and rapid emergence of evidence-based practice has been argued by those within the movement as being due to the obvious, simple, sensible and rational idea ‘that practice should be based on the most up-to-date, valid and reliable research’ (Trinder, 2000a: 3). The context in which it has developed may go some way to explain why the movement has been flourishing in many areas of health and social care practice. Within recent years there has been a cultural shift within the health and social services from one of trusted professional judgement-based practice to that of evidence-based practice. Davies, Nutley and Smith (2000), Trinder (2000a) and others suggest that there are a number of contributing factors in the development of evidence-based practice including:

- growth in an increasingly well-educated and well-informed public
- increasing awareness of the limitations of science
- growth in consumer and self-help groups
- intensive media scrutiny
- explosion of the availability of different types of information and data
- developments in information technology
- increasing emphasis on productivity and competitiveness
- emphasis on ‘value-for-money’ audit
- increase in scrutiny, accountability and regulation of professional groups
- major adverse events within the health and social services
- lawsuits and compensation claims.

This cultural shift has resulted in an explosion of evidence-based initiatives and new terminology within the health and social services since the mid-1990s including:

- centres such as Evidence-based Mental Health, Evidence-based Nursing, Research in Practice for Adults, Social Care Institute for Excellence (SCIE)
- specialist ‘evidence-based’ journals
- websites and web-based discussion lists
- electronic bibliographic resources for evidence-based practice.

This has had an effect on how research and evidence are considered and used by current practitioners within health and social care and how evidence and practice drive (and are driven by) practice and policy more than ever before.
Within both the health and social services, political ideology plays a role in shaping both policy and practice. This can influence how health and social problems are perceived, problems solved, and services delivered by different professional groups. The professional groups work across organisations more than in the past, and joint working within and between many areas of health and social services means that communication and collaboration need to be effective if patients, clients and service users are to receive the highest quality of care. The development of public health services and the growing shift towards community and primary care have also had a role in the development of evidence-based initiatives. It is reasonable to say that the evidence-based practice movement has had an effect all through the health and social services including practice, policy, management, education, and includes all health and social care professionals who make decisions.

What is evidence-based practice?

There are three key components to evidence-based practice:

1. Best available current evidence.
2. Preferences of individual clients and patients.
3. Expertise and experience of the professional.

All three elements need to be used together, although the importance of each may vary in different situations. The overriding principle is that of giving the most effective care to maximise the quality of life for an individual, and, although describing evidence-based medicine, Sackett, Richardson, Rosenberg and Haynes point out that ‘evidence-based medicine builds on and reinforces, but never replaces, clinical skills, clinical judgement and clinical experience’ (1997: 5).

Evidence-based practice is seen as comprising five explicit steps:

1. Identify a problem from practice and turn it into a specific question. This might be about the most effective intervention for a particular client, or an assessment of causation, or about the most appropriate test, or about best method for delivering a service.
2. Find the best available evidence that relates to the specific question, usually by making a thorough search of the literature.
MAKING SENSE OF RESEARCH

3 Appraise the evidence for its validity (closeness to the truth), usefulness (practical application) and methodological rigour.
4 Identify current best evidence and, together with the patient or client’s preferences, apply it to the situation.
5 Evaluate the effect on the patient or client, and the practitioner’s own performance.

Current pre-qualifying education will help students address all these stages. Specifically practitioners need to learn how to search effectively for appropriate evidence and research through a range of literature sources (see Chapter 4), and how to critically appraise research (see all chapters, but particularly Chapter 11 and Appendix 1).

What counts as evidence?

There are many debates and arguments across all the health and social care professions about what constitutes evidence. For the purposes of this book, we take the view that research (which we define later) is one form of evidence amongst many other types of evidence. Health and social care professionals should be aware of the debates surrounding types of evidence including research, and in particular hierarchies of evidence. The idea of a ‘hierarchy of evidence’ has evolved as a response to the notion that some research designs, particularly those using quantitative methods, are more able than others to provide robust evidence of effectiveness, that is, what works. The most common type of hierarchy (see Table 1.1) places randomised controlled trials at the top of the hierarchy.

Other chapters in this book guide the reader through some of these research designs, and the ‘further reading’ at the end of this chapter points to some useful texts that introduce the debates surrounding types and hierarchies of evidence. Of particular importance are the debates surrounding the role of experimentation and randomised controlled trials in social care, which, in health, have been seen as the ‘gold standard’ of research design for looking at effectiveness of interventions (see, for example, Davies et al., 2000; Trinder and Reynolds, 2000). As is evident later, hierarchies of evidence of effectiveness are only helpful for considering evidence about whether something works, such as a treatment, therapy, educational
programme. Evidence about how clients feel about something, or whether patients are satisfied, or the perspective of different types of practitioners, is best captured by different types of research and evidence that do not particularly feature in any type of hierarchy. Furthermore, as will be seen in Chapter 2, evidence can be based on different types of knowledge, of which some types are more robust and systematic than others.

**Definitions of research**

There are many ways of defining research ranging from very broad to narrow interpretations. A quick look through the literature would reveal many different definitions. A broad definition might suggest that research is any type of enquiry that generates knowledge and may include a variety of activities. Depoy and Gitlin (1994) favour a broad approach in their text that is concerned with health and human services research. They define research as:

> multiple, systematic strategies to generate knowledge about human behaviour, human experience, and human environments in which the thought and action process of the researcher are clearly specified so that they are logical, understandable, confirmable and useful. (p. 5)

This is an interesting definition in that the role of the researcher is acknowledged as important. Many definitions of research do not consider this aspect. Polit and Beck (2006) describe research
as a systematic examination that uses scientific methods to answer questions or solve problems. There is a clear practical dimension in that research is seen to answer questions or solve problems as in Burns’ definition of ‘a systematic investigation to find answers to a problem’ (2000: 3). As with the Depoy and Gitlin (1994) definition, ‘systematic’ is a common theme and one that occurs in many other definitions.

The health and social care professions are clearly linked with the social sciences and one definition of social research by Neuman (1994) may be of use:

Social research involves many things. It is how a person finds out something new and original about the social world. To do this, a researcher needs to think logically, follow rules, and repeat steps over and over. A researcher will combine theories or ideas with facts in a systematic way and use his or her imagination and creativity. (p. 2)

Blaxter, Hughes and Tight focus on the nature of research and ‘types’ of research, such as pure, applied, strategic, basic, market, evaluation, exploratory, collaborative, action, descriptive, which can be found in an enormous range of research methods books. However, they point out that the basic characteristics shared by all is ‘that they are, or aim to be, planned, cautious, systematic, and reliable ways of finding out or deepening understanding’ (1996: 5).

For the purpose of this book, we define research as:

a systematic approach to gathering information for the purposes of answering questions and solving problems in the pursuit of creating new knowledge about health and social care.

The definition is broad in order to encompass all aspects of health and social care and it recognises the systematic nature of collecting data. In addition, we consider the active, practical and applied nature of health and social care practice. In order to distinguish research from audit and development work, which are closely related, we define research as creating new knowledge.

No single definition will be satisfactory, however, and in order to be able to understand research at an introductory level, we feel that a working definition might be helpful. Chapter 2 considers how the research and evidence used in decision-making by practitioners is informed by different types of knowledge available to the practitioners.
Key Points

- All health and social care practitioners need to become 'research literate'.
- ‘Research literacy’ includes the skills and knowledge to appreciate, understand and use research.
- Not all health and social care practitioners should be conducting research as part of their daily work or professional development.
- Health and social care practitioners need to consider the tensions and conflict associated with the concept of evidence-based practice.
- There are many definitions of research with most incorporating a view about the search for knowledge through a systematic and rigorous process.
- Health and social care practitioners need to become critical consumers of research to enable them to provide excellence in care.

Further Reading