Reflections on Research Impact in Primary Health Care

The primary health sector has had a long-standing interest in evidence-based practice. Two decades ago the focus was on a primary health care equivalent of evidence-based medicine described by Hennen (1992, p. ix) as "self-criticism in primary care practice through research" or by Ovretveit (1998, p. 266) as "the use of best evidence in making decisions about the care of individual patients". The focus was on clinical interventions and their effects, or lack thereof. Furthermore, the aspiration to systematically use evidence in the provision of care was a central part of the quality movement in both clinical care and health service management (Ovretveit, 1992). More recently, evidence-based practice has been advancing in health services management and policy (Lin & Gibson, 2003). An important protagonist on this patch has been the Canadian Health Services Research Foundation (CHSRF), which is concerned with:

> *Management and policy research in health services and nursing to increase the quality, relevance and usefulness of this research for health-system policy makers and managers. In addition, the foundation works with these health-system decision makers to support and enhance their use of research evidence when addressing health management and policy challenges.* (CHSRF, 2007)

CHSRF explicitly addresses both sides of the research coin—the production of knowledge and its use to solve problems effectively.

More recently, the higher education sector has been pressed into attending to the impact of publicly-funded research through the imminent introduction of Research Quality Framework (RQF) assessments. In the RQF context, research impact has been described as "the recognition by qualified end users that methodologically sound and rigorous research has been successfully applied to achieve social, economic, environmental and/or cultural outcomes" (Commonwealth of Australia, 2006, p. 10). Implicit in this concept of research impact is a direct relationship between the findings of a specific research project and a "social, economic, environmental and/or cultural outcome". In some cases there may indeed be such a direct relationship, as in the case of a randomised controlled trial of a specific intervention. However, in other cases such a direct relationship is unlikely.

How might we conceptualise the kinds of impacts that can be expected from health research? Kuruvilla, Mays, Pleasant, and Walt (2006) identified four broad areas in which health research may effect change. They are:

- Research-related impacts such as development of research methods, research networks and health knowledge.
- Policy impacts such as change in policies, policy networks and political capital.
- Service impacts such as advancement of evidence-based practice and quality of care.
- Societal impacts such as improved health status, sustainable development and health literacy.

Walter, Nutley and Davies (2003) described a taxonomy of interventions reported in the literature on evidence-based policy and practice. The taxonomy includes six categories of activity: professional, financial, organisational, patient-oriented, structural and regulatory interventions. Some interventions were about publicising research with potential users and others were about promoting uptake of research findings by users. Some promoted findings of particular research projects; others promoted user engagement with researchers and accumulated bodies of knowledge; while others promoted practices that required the acquisition of knowledge (Walter et al.).

In a recent study of primary health care research impacts, Kalucy, McIntyre and Jackson-Bowers (2007) observed that the effects of a specific piece of research may be neither direct nor always obvious. They found there was, "considerable sliding between what was the project and what was organisational development" (Kalucy et al., p. 24). They posed the following question: "Are impacts derived from applications of the research attributable to the original research project?" (Kalucy et al., p. 5). It may be that some kinds of impacts are a result of accumulated learning in a field rather than the findings of a specific research project. Alternatively, some impacts may be a consequence of the social processes of a research project, such as the social networks that form, rather than the findings per se.

A key finding from the Kalucy et al. (2007) study was that in primary health care, research impacts are strongly influenced by the social

networks of both researchers and research users: "Collaborative research, links with policy makers, personal connections with those with influence and pathways into decision making processes were the channels by which impact occurs" (Kalucy et al., p. 19).

There are substantial public benefits to be achieved from policy-makers, service providers and researchers systematically developing working relationships with each other on service system issues and research learning.

The *Australian Journal of Primary Care* is concerned with the links between research, policy and practice across the field. We would welcome contributions that addressed this issue, either as research or practice and innovation papers.

Further, the *Australian Journal of Primary Care* will publish, annually, a major review of evidence relevant to a key issue in the primary health care field. The first of these is the review by Ansari in this issue of the Journal.

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