

The role of the practice manager in primary care research

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Department of Health efforts to make primary care more effective depend on the availability of relevant research findings. This implies a need for management and organization research, but it is not clear what role practice managers will play in this. The priority given to research governance also raises questions about how best to manage research in primary care. The aims of this study were to identify practice managers' involvement in research, their attitudes to research and their training needs. To do this, we conducted a postal survey of all general practices in East London and Essex. Of the 622 practices, 510 employed a manager. Of these, 232 responded, giving a 45% response rate. One hundred and forty-five (62%) respondents had been involved in research and 90 had been as a practice manager. Forty-five (20%) had some research training. Most had a positive attitude to research. The most commonly requested training topic was 'How to manage research projects'. They wanted research to be conducted on delivering effective health care, access and appointments systems, patients' expectations of general practice, team management and their own role in the NHS. We conclude that managers have two distinct roles in research. First, undertaking research into management and service delivery and secondly managing and supporting research in the practice. Most need further training to take these forward. Research networks could do more to involve managers.

Key words: attitude of health personnel; health services administration; health services research; practice manager; primary health care

Introduction

Modernizing primary care is a central strand of UK Government efforts to deliver responsive and effective health services (Department of Health, 1997), but recent reforms (Department of Health, 2003) present primary care with challenges that require a sounder base of evidence than is currently available. Because of this, the Department of Health has sought to enhance research capacity in the sector by supporting research networks (Carter *et al.*, 2000; Thomas *et al.*, 2001) and nationally advertised Researcher Development

awards (NHS Executive, 1997). Although these schemes have emphasized multiprofessional involvement (Primary Care Topic Working Group, 1999), this has usually meant including clinicians from disciplines other than medicine, or researchers from the behavioural sciences, rather than the managers most involved in the development of primary care.

Writing in 1916, Fayol defined management as comprising a series of functions that enable organizations to set and achieve their objectives by planning and organizing their resources and gaining the commitment of employees (Fayol, 1916). Given that undertaking and making use of research is a component of planning, there is a clear rationale for managers to draw on research in their work.

Whereas in the past, practice managers had a largely administrative role, most are now

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- Practice organisation
- Strategic planning
- Practice as a learning organisation
- Research resources and infrastructure
- Project funding and management
- Involvement of patients
- Dissemination of research

Reference: Royal College of General Practitioners. *Primary Care Research Team Assessment – Schedule and Written Guidance for Candidates*. 2001. RCGP, London.

Figure 1 Topics included in RCGP primary care research team assessment
 Source: Royal College of General Practitioners, 2001

responsible for the day-to-day running of the practice, managing staff, services, resources and information systems. Many play a central role in the strategic development of their practice. Traditionally they have had little involvement in research.

The case for managers being involved in research should also be seen in the context of moves towards an evidence-based culture in primary care. Harris (1993) argued that research and development should become an integral part of health care, so that both clinicians and non-clinical staff find it natural to rely on research to guide their decisions. The launch of the NHS Service Delivery and Organisation Programme in March 2000, also emphasized the importance of research on ways to improve the delivery of health care (Dalziel, 2000). Managers are ideally placed to undertake this, although at times they may find it hard to step back from the immediate pressures of service delivery.

Recent initiatives to establish research governance throughout health and social care (Department of Health, 2001) require NHS organizations to set up procedures to ensure the quality of studies they host or conduct. These include the

scientific basis of studies, ethics, safety, employment issues, financial arrangements and intellectual property rights. Practice managers have been described as the ‘foot soldiers’ of the clinical governance revolution (Audit Commission, 2000), and it seems likely that they will play a similar role in the governance of research. Indeed, many of the criteria adopted in the Royal College of General Practitioners’ programme for Primary Care Research Team Assessment can only be achieved with significant management support (Figure 1; RCGP, 2001).

Despite these arguments, little is known about how practice managers perceive their role in research, whether they are interested in it, or their capacity to contribute more. This study was established by a primary care research network to explore these issues and guide our future work with practice managers.

Aims and methods

The aims of the study were to investigate the role of practice managers in primary care research. Specifically we set out to:

- 1) assess managers' involvement in research in East London and Essex;
- 2) describe managers' attitudes towards research;
- 3) identify managers' research skills and training needs;
- 4) contribute to a strategy to develop the role of the manager in R&D.

Questionnaire development and key themes

Due to the limited literature on the role of practice managers in research, our first step was to identify potential topic areas which we did at an exploratory workshop with six managers who were involved in an East London practice manager's forum. The workshop lasted two and a half hours and was unstructured to allow the group to contribute their perspectives. Discussion was taped and transcribed. The transcript was independently reviewed by two researchers (KS and NW) to identify initial themes, which were then collectively agreed on by the researchers to form the basis of the questionnaire (Figure 2).

We sent a draft questionnaire based on these themes to a pilot sample of 15 practice managers from three localities in East London for comment, content validation and subsequent revision. Changes made following the pilot included offering more space for free text responses. The final

questionnaire included both open and closed questions and enquired about the practices in which managers worked, as well as their own experiences of and attitudes towards research. Other questions asked about the organization of research activity within the practice, their own training needs and what they saw as the most important questions for research to address. We used SPSS statistical software (SPSS Inc., 1999) to analyse responses to closed questions, and content analysis for open questions. We then posted the questionnaires to all 622 practices in East London and Essex, along with prepaid envelopes addressed to the research network office. We telephoned practices which did not respond to confirm whether they had a manager in post and if so, to encourage them to return the questionnaire.

Results

Of the 622 practices, 510 employed a practice manager and 232 of these returned completed questionnaires, resulting in a corrected response rate of 45%. Seventy-six (33%) respondents had been in post for three years or less, 81 (35%) for between four and eight years and 72 (31%) for longer than eight years. The average size of

- Variety of roles and involvement
- Impact on workload
- Relevance to day-to-day work
- Positive attitudes to research
- Education and training
- Lack of information about research (local and national level)
- Confidence
- Feeling excluded

Figure 2 Themes from the exploratory workshop

practices whose managers responded was 3.3 full time equivalent partners.

Practice managers' involvement in research

When asked if they had 'ever been involved in research', 145 (62%) of the 232 respondents reported some involvement. Of these, 90 had carried out research in their capacity as practice managers, 42 had done so as part of a degree course and seven had been employed as a researcher. Just over a third of respondents said they had identified a problem at work that merited research, or collected information from patients for a project. In contrast, 204 (88%) reported having been involved in audit in some way. Of these, 159 had assisted practitioners with clinical audit and 103 had audited their own management practice.

When asked about their practice's involvement in research, 160 (69%) of the 232 managers reported that their practices had participated in some way. Ninety-nine practices did their own in-house research and 137 participated in research initiated by other organizations. While two-thirds of managers from practices involved in research considered that it made few additional demands on the practice, 44 (32% of those whose practices undertook research) perceived the additional workload from practice-based research as quite disruptive.

Attitudes to research

Responses to phrases on a grid describing the way they felt about research indicated a generally

positive attitude to research, with two-thirds of respondents finding research interesting, 35–40% regarding research as part of their role and around a quarter describing it as personally rewarding (Table 1).

Research agenda for practice management

Managers were asked to suggest research questions to help develop both their own work as a practice manager and their practice as a whole. Working independently, two researchers (JG and KS) grouped these free-text responses by topic and then together agreed a list of the five main topic areas (Table 2).

Skills and training needs

The managers reported a diverse range of qualifications, but it is unclear how many of these included training in research. At the time of the study 34 (15%) of the respondents were undertaking a professional or academic course and 45 (19%) had previously received training on some aspect of research. When asked if they would like to receive training in research, 114 (49%) responded positively, identifying the topics listed in Table 3.

Managers were asked to rank in order of importance sources of information, which they thought influenced their work (Table 4). Practice-based colleagues were most commonly ranked highest by 64 (28%) of the respondents. Forty-seven (20%) ranked other practice managers as most influential, while 36 (16%) ranked locality protocols highest. Few felt that they were

Table 1 Phrases selected by managers to describe how they felt about research (percentage of 232 respondents)

Positive responses	%	Negative responses	%
Interesting	66	Yet another burden	14
Useful for practice managers	44	Disruptive to day-to-day work	13
Something managers should do	35	A luxury	10
Professionally challenging	35	Essential for medics, but not for me	8
Important for all staff	33	Not my cup of tea	4
Intellectually challenging	28	Disruptive to patients	3
Enjoyable	18	Too slow to be helpful	3
Essential for practice managers	16	A foreign language	2
		A waste of time	2
		Best avoided	2

Respondents were presented with a grid containing the above terms and asked: 'How do you feel about research?' (Please circle all the words and phrases which describe the way you feel about research)

Table 2 Practice managers' priorities for research

Topic areas	Examples of research questions
Access and appointment systems	<ul style="list-style-type: none"> • What is best mix of open access and appointment surgeries? • What types of clinics to run? • How to reduce DNAs?
Patients' expectations of the practice	<ul style="list-style-type: none"> • How well are we meeting patient needs? • Patient satisfaction with services provided. • How to manage the demanding patient and their expectations?
Team management and human resources	<ul style="list-style-type: none"> • How to improve morale? • What are best approaches to staff development? • How to optimize cost-effectiveness of staff in team? • How to integrate community staff into the practice? • Is GP time well spent?
Delivering effective health care	<ul style="list-style-type: none"> • How to increase cervical cytology uptake? • Is all we do beneficial to patients? • How to ensure we provide the best care?
Practice managers in a changing NHS	<ul style="list-style-type: none"> • The role of practice managers in PCTs. • How is workload my broken down? • What can make my work more efficient and systematic?

Summary table based on content analysis of responses to the following: What is the most important question that you would like research to answer to help develop each of the following:

(a)Your work as a practice manager ...; (b)Your practice as a whole ...

influenced by external sources, such as professional bodies and journals.

Discussion

This study set out to explore practice managers' perspectives on primary care research. It revealed that although many managers have had some contact with research, this seldom formed a major part of their work. More have been involved in audit. The majority of respondents had a positive attitude towards research, but some appeared to include audit and other forms of enquiry within their understanding of

'research'. They identified a wide range of potential research questions about the delivery of care and the organization of primary care teams.

East London and Essex spans both urban and rural communities, which suggests that a wide range of practices were included, but differences between local approaches to developing primary care may limit the applicability of our findings in other areas. The 45% response rate also raises

Table 3 Managers perceived needs for training in research (percentage is of 232 respondents)

How to manage research projects	86	37%
Designing survey questionnaires	78	34%
Analysing qualitative data	73	32%
Understanding and using statistics	79	31%
How to write a research proposal	64	27%
How to search for and review literature	53	23%
Doing one-to-one interviews	50	22%
Running focus groups	31	13%

Table 4 Manager's perceptions of the influence of sources of information on their work (seven sources of information, ranked 1 (most influential) to 7 (least influential))

Source of information	Mean rank
Colleagues in my practice	2.93
Other practice managers	3.01
Locality protocols	3.17
Professional bodies	4.12
Other professional journals	4.37
King's Fund organizational audit	5.03
Kroner's journal	5.37

The mean rank was calculated using Friedman's non-parametric test for related samples. The difference in ranks observed was statistically significant ($\text{Chi}^2 = 353$ (6 df); $p < 0.001$).

questions about whether respondents were representative of managers in the area. In retrospect, it would have been better to have posted a second questionnaire to nonresponders. Those who were more interested in research may have been more likely to reply, so the results may overstate managers' enthusiasm for research. Despite this, 232 managers did return the questionnaire and a substantial proportion of them were keen to contribute to research.

Managers appear to have two distinct roles in research. First, undertaking research into management and service delivery in primary care, and secondly managing and supporting research activity within the practice, whether led by other members of the primary care team, or external agencies.

Management and service delivery research

The topics which the managers identified are interesting, not only because of what they reveal about their concerns, but also because they provide a 'grass roots' perspective on what service delivery and organization research would be of use to general practice.

In their responses, some managers appeared to blur the differences between research and audit, but more reported involvement in audit. It might, however, be possible to capitalize on this experience of audit as part of a strategy to involve more managers in research.

Whilst research involves asking questions about the value of healthcare, audit involves monitoring the quality of services to ensure they meet the standards which research findings suggest can be achieved (Baker, 1995). Audits often raise further questions, so collaborative audits across a primary care trust could generate ownership for projects investigating ways to improve patient care.

Supporting research activities in the practice

The Research Governance Framework (Department of Health, 2001) sets out NHS organizations' responsibilities in research, but meeting these requirements requires management support. Although this survey was conducted before the publication of the framework, it was interesting that the topic on which most managers wanted training was 'How to manage research projects'.

This suggests that they see research management as an important skill for them to acquire.

In a wide-ranging review of practice management, the NHS Executive Phoenix Agenda Project (2000) identified core tasks for managers, which included a strategic and development role, but no reference to research. There is a strong case that these should now be amended to reflect the requirements of research governance. Such initiatives may, however, have limited effect in many practices, because managers' attempts to develop their role may be constrained by the employment relationship that exists in primary care. Management tasks are largely determined by the general practitioners as employers rather than managers themselves. However, there are moves to standardize managers' job descriptions and local initiatives have included reference to research (Delacourt, 2001).

Developing the manager's role

Most managers in this study had positive attitudes towards research, but only one in five respondents had received any training in research. This suggests a gap between managers' aspirations and their current more limited role, an observation which echoes Hicks' finding that despite valuing research, practice nurses conducted relatively little (Hicks *et al.*, 1996).

While managers may recognize their need for training in research governance, only those who plan to carry out their own research are likely to want courses on research methods. These different training needs may need different approaches, with primary care trusts taking a lead on research governance, while research networks and academic institutions offer training on methodology. Although multidisciplinary approaches are often the most appropriate, those organizing courses need to recognize that managers may not feel confident about returning to academic settings, particularly if dominated by clinicians. One approach to overcome this might be to include individual mentorship within training programmes.

Primary Care Research Networks have a role to play in engaging practice managers, but a recent evaluation of five networks in the former North Thames NHS Region found they had limited success in doing so (Harvey *et al.*, 2000). While this partly reflects the interests of managers and the conflicting pressures they face, it may

also reflect the 'culture' of networks. Organizational development theory suggests that both organizational structures and less tangible factors such as informal value systems, the politics of power and group rituals, all influence the success of groups such as multiprofessional networks (Pugh, 1990). Similarly, a lack of clarity about the role of managers in research and the perception that primary care research is the domain of clinicians have worked against managers playing a full part. However, the increasing priority attached to the NHS Service Delivery and Organisation R&D Programme may lead to managers' contributions becoming more highly valued (Dalziel, 2000).

Conclusions

Practice managers have a key role in the management and governance of research in general practice. The research topics they put forward covered the organization of services, patients' expectations, ways to improve teamwork, and the effectiveness of services. Additionally, they were interested in studies which might help them develop their role and become more effective managers. Despite their interest, few managers have received training in research and there are cultural and organizational barriers which need to be removed if they are to take a lead in conducting research. However, if they were enabled to do so, the work they conducted might make a real contribution to our understanding of how best to deliver primary care.

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