

Short Report

Building research capacity in rural health settings: Barriers, priorities and recommendations for practitioners

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Rural primary health care research promotes excellence in clinical practice and has been shown to improve staff recruitment and retention.^{1,2} While progress has been made to support excellent research in rural health care recently in Australia, Canada, the USA and some European countries, research in rural primary health care settings has received insufficient attention worldwide.²⁻⁴

Participants, methods and results

The European Rural and Isolated Practitioners Association (EURIPA) held a consensus meeting to examine issues related to enhancing capacity for promoting research within rural European settings. The Consensus Panel comprised experts in rural family medicine and public health, invited guests and primary care physicians serving rural areas in Europe. Building on the previous work of the European General Practice Research Network (EGPRN), the Consensus Panel aimed to identify the barriers, priority research themes and to approve recommendations for building future capacity for rural health research. The EGPRN's 'Research Agenda for General Practice/Family

Medicine and Primary Health Care in Europe' was used as the framework that guided consensus meeting discussions.⁵ Discussions were informed by a review of literature and scan of international activities. This communication serves to provide a brief summary of the Consensus Panel's main findings.

Barriers to rural health research

Fourteen barriers facing rural health research were identified by the Consensus Panel as being of greatest significance (Table 1). Among the identified barriers, poor networking among rural practitioners was identified by the Consensus Panel members as being a particularly significant factor in terms of efforts to build research capacity. The panel members highlighted the challenge this in turn poses for existing international networks (e.g. World Organisation of Family Doctors Working Party on Research, International Federation of Primary Care Research Networks) to reach and include in their activities the needs of rural and isolated physicians.

Recommendations for building capacity for rural health research

Recommendation 1: Identify the local population health needs

Rural practitioners should aim to have a strong understanding of the biopsychological needs of the population they serve, including mapping the health care problems of the community they serve.

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TABLE 1: *Top barriers to research in rural health settings*

Barrier	Description
Isolation and lack of local human resources	Lack of human resources for intervention delivery and data collection; limited facilities (e.g. Internet access, telephone lines, electricity); limited access to medical services and technology; geographical isolation
Poor networking between colleagues	There is a lack of formal networks to support connectivity and rural health research endeavours. There is also a lack of critical mass interested in conducting rural health research, making it difficult to develop a network of researchers that can support team-based research
Lack of interest from academia	University and academic family medicine departments are generally not sufficiently interested in research in rural settings or have not identified it as an area of interest
Difficulty engaging future researchers	Promising medical students interested in research typically stay in the university setting upon graduation
Stigma	Negative attitudes related to rural physicians' ability to perform independent research. These attitudes include the belief that rural researchers' qualifications and skills are insufficient or second-rate. Additionally, a lack of respect in the research community for certain countries might limit identification of researchers and development of networks
Lack of formal training and continuing professional development	Many physicians working in rural settings have not received formal research training. Research skills are frequently developed through informal mechanisms and might be lacking in terms of knowledge of research theory, published literature and statistical techniques
Language skills	English-language skills might be lacking. Most technical guidelines on research skills and publications are produced in English and not in native languages
Lack of time	Developing meaningful research relationships takes a significant investment in time; research requires time and effort and might pose challenges for a busy rural physician's schedule
Ethical and cultural barriers	Ethnic or cultural barriers related to data collection exist, including religious beliefs, which might restrict areas of research
Attitudes of local clinicians	Lack of recognition of research as a priority and, in some cases, might be perceived as a burden
Access to and knowledge of technology-based research support	Lack of access and awareness of information that is publically available online (e.g. free online journals, online education, networking)
Lack of funding	Limited research opportunities exist, which are designed to specifically support rural research. Existing research funding might not be appropriate to support rural health research due to limitations, such as access to adequate populations to power trials
Lack of research infrastructure and support	Ability to access research support, including statisticians, Master's- and PhD-level researchers and graphic designers for posters, is limited
Lack of incentives	Lack of incentives for participation in research for rural primary health care practitioners

Recommendation 2: Prioritise and plan research based on local needs

Rural practitioners should prioritise health care problems that are of greatest interest to the local community and use this information to determine the most important research projects to be undertaken.

Recommendation 3: Identify the existing research capacity

Rural practitioners should identify the financial, human (young doctors, students, volunteers) and

organisational resources available to support research activities. It is recommended that researchers be aware of available funding support from government and other international sources that might be appropriate for supporting the research activities to be undertaken.

Recommendation 4: Create linkages with existing networks and institutions, including universities

Rural practitioners should initiate and develop research in collaboration with existing GP networks and universities in order to build capacity.

Recommendation 5: Plan research considering realistic and achievable outcomes

Research plans should take into account realistic and achievable outcomes. This recommendation addresses the issue of feasibility, practicality and acceptability and assists with ensuring the research methodology used is familiar to rural health researchers.

Recommendation 6: Ensure adequate resources are in place prior to implementation

Ensure that existing financial resources (self-financing, governmental, private, funds from the EU) are in place to support the conduct of research endeavours.

Recommendation 7: Report to local community

Researchers should inform the local community about research activities being undertaken, benefits to the local community and ensure the results of completed research are reported back to community members.

Comment

The Consensus Panel hopes this report will add to the excellence in rural health research that has been published to date and might assist with informing discussions for building research capacity in rural primary health care settings. The intention is to promote these recommendations at a regional level through EURIPA representatives within Europe and internationally.

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