

EVIDENCE BASED PRACTICES IN COMMUNITY HEALTH NURSING APPLICATION OF RESEARCH PERSPECTIVES TO PRIMARY HEALTH CARE

Abstract

Research play an important role in practice, education and administration of health services both in clinical and community field. Research will help to enhance evidence based knowledge among health care personnel for providing effective care to people. The delivery of health and social care has prioritised primary care and public health over past ten years in government policy and strategy. There is a focus on utilising current employees in novel ways and the creation of new roles, both of which support this agenda, to ensure that nursing careers mirror the paths taken by service users and patients, and to integrate nursing careers with the National Health Service (NHS) careers framework. To further support primary care practitioners in applying and utilising research, concerns like ethics, proposal writing, and funding are also brought up. In the contemporary health care system, the many types of research are no longer optional extras. In fact, the present NHS goal actively promotes the development of a critical research culture. In order to address their own professional and personal requirements as well as those of patients & customers, this chapter aims to help primary care and public health practitioners carve out a place for themselves within that culture.

Keywords: Research Perspective, Primary Health Care, Community Nursing Practise, Nursing

Author

Puspanjali Mohapatro

Assistant Professor
Department of Community Health
Nursing
SUM Nursing College, SOA, DTU
Bhubaneswar, India
puspanjalimahapatra07@gmail.com

I. INTRODUCTION

The reader will be able to understand the link between the research, policy, and practise. By reading this chapter can also make the reader to "stand-alone" work, giving community health care practitioners the knowledge they need to take into account research procedures, methods, and findings as they relate to daily practise.

II. CONTENT OF CHAPTER

- Importance of research for nursing & primary health care.
- The foundational information for those who practise primary care.
- Research mindedness and its need in practice.
- How the research method is applied and how research is used in community nursing practice.
- Issues with research.

1. Importance of research for nursing & primary health care: The delivery of health and social care has prioritised primary care and public health over past ten years in government policy and strategy. There is a focus on utilising current employees in novel ways and the creation of new roles, both of which support this agenda, to ensure that nursing careers mirror the paths taken by service users and patients, and to integrate nursing careers with the National Health Service (NHS) careers framework. The General Medical Services (GMS) contract has undergone revisions that shift the emphasis away from doctors and onto practise workloads and patient needs.

Nursing's commitment to the improvement of quality and excellence in healthcare, as well as the crucial significance of basing professional nursing practise on research, are reflected in the priorities for nursing research. To establish a generalizable scientific foundation for nursing practise, nursing research identifies new information and innovations in the field of nursing care.

Nursing research aims to reduce pain and other symptoms brought on by disease states, prevent disease and disability, and enhance palliative and end-of-life care. In our culture of inquiry, nurses make time to reflect on their practise, stay current in their areas of expertise, and regularly share new knowledge that may be put to use in the workplace. The most recent research from the literature is used as references for policies and practises, which are supported by evidence.

Universal health coverage depends on a robust nursing research agenda. Through the creation of information that directly influences nursing practise, professional education, and health policy, nursing science can significantly improve the health of people.

The formation of global alliances and international efforts, integration between disciplines and sectors, and the support of academic institutions are all essential for building research capability. In other countries, nurses make up 56% of the health workforce and in India is about 30% of the health work force. The Directory of Nursing Schools of the India has information on more than 850 nursing schools. More than 300 nursing schools are located in state Karnatak of India, and new nursing schools are opening up in many other nations. Academic researchers are generally responsible for doing health

research in nations. Even though there is a lot of variation in research capacity and the use of evidence, particularly in the context of health systems and services within and between nations, there is still a critical need to increase nursing's research ability. There is still a critical need to increase nursing's capacity to do research, even while there is a lot of diversity in research capacity and use of evidence, particularly in the context of health systems and services within and between nations & to share and apply research findings, as well as to create links between knowledge from an inter-sectoral perspective and to take steps that enable the integration of the health sector with other sectors, such as education, labour, & business.

To strengthen health services and systems and advance universal health coverage, in particular, one that considers concerns related to essential services, social determinants of health, and multisectoral involvement is required. Research with this level of integration, as demonstrated in the COVID-19 pandemic response, will decide the capacity of governments to concentrate their efforts on more efficient responses.

As alternatives to the "gold standard" of systematic reviews, meta-analyses, & randomised controlled trials (RCTs), Smith et al. in 2015 are described through storytelling and participatory action research to both complement & promote the evidence-based health movement. As we'll see in a moment, narrative and participatory action research have a lot to offer the community nurse practitioner. The evolving discussion surrounding public health and health promotion will be known to readers.

This concept may be traced at least as far back as the Prevention and promotion of Health policy:

Everyone's responsibility, which expressly transferred the burden of sustaining health and well-being from a communal to an individual responsibility. A following report, the Health of the Nation, received criticism for its restrictive focus on five predetermined areas: accidents, cancer, mental illness, HIV/AIDS, stroke, mental disorders, and coronary heart disease. For each of these areas, research and development programmes have been established in order to record, lower their incidence, and examine treatment outcomes. The regional health authorities, which were integrated into the department of health in 1996, were given control over these programmes. According to Harris in 1993, the NHS underwent developments in the early 1990s that provided chances to restore the balance between primary care based on population and, consequently, Future research in public health from formerly hospital-centric research programmes.

In the past, research on subjects related to the care of hospitalised people has clearly been overrepresented in the field of community nursing. In the White Paper Saving Lives: Our Healthier Nation, it was acknowledged that social & economic issues have a significant impact on the health of the country. Under the direction of the health development agency, public health initiatives have played a significant role, the desire in developing plans and toolkits to further the cause has continued.

Another area where government research and policy have been reflected is a greater understanding of the effects of the rising number of individuals with long-term conditions (LTCs), such as the long term disease condition patient supported by DH document. Also

this document assisting local health care providers in enhancing care for persons those having long-term illness, hence this publication provides examples from social care, the NHS, and worldwide efforts. A useful companion to this is *Raising the Profile of Long Term Conditions Care: A Compendium of Information*, which illustrates how better management of LTCs in diverse locations is offering high quality, individualised care and focuses on the outcomes that individuals with LTCs.

Plan for improving the NHS: In the year 2004-2008 Government was declared to provide services to people as a important part of society. Primary care trusts (PCTs) were identified as playing a leading part in the improvements ,its reason of its unique location spanning community, hospital, and primary care and at the intersection of the local authority and NHS., which were key points. It was also established that existing employees and additional workers needed to be developed in order to maintain cutting-edge services like Hospital at Home and Hospital at Night while taking into consideration the reduction in junior doctors' hours.

The NHS Improvement Plan: Putting People at the Heart of Public Services, which established the priorities for 2004–2008, was announced by the government as part of putting patients and frontline employees "at the heart of the NHS." Primary care trusts (PCTs) were identified as playing a leading role in the improvements because of their "unique location spanning community, hospital, and primary care" and at the intersection of the NHS & local authority, which were key points. It was also decided that existing practises should use practice-based commissioning to prevent service fragmentation in order to maintain cutting-edge programmes like Hospital at Home and Hospital at Night while taking into account the reduction in junior doctors' hours.

Through the concept of payment by results, PCTs will be rewarded for managing the transformation. Such plans call for significant with infrastructure and also training programme investments and there should be major changes in the professional working methods of lots of healthcare professionals. The latest announcement regarding the health screening for adults above 40 yrs may be a component of new measures for putting more of an emphasis on primary care prevention. According to new government plans, everyone in England between the ages of 40 and 74 will be provided comprehensive health screenings for diabetes, renal disease, heart disease, and stroke in 2009. For improvement of health status and advance services there is required of partnership and collaboration of health authority, health care provider, community, individual, volunteer organization and Governments.

The primary settings for action are recognised as being schools, workplaces, and neighbourhoods. To accomplish this, experts from several agencies are expected to collaborate.

A report commissioned after the Old Bailey trial in the toddler's death exposed the following flaws:

- Ineffective data collection, recording, and dissemination;
- Inadequate proof of senior management oversight;

- Failing to recognise children and young people in immediate danger of harm and responding appropriately in light of the facts.
- The local safeguarding children's board hasn't challenged council members and front-line employees enough.

The creation of new positions for NHS employees & the above-discussed new primary care funding mechanism both strengthen the partnership process. The creation of children's trusts, which include projects like Sure Start and Extended Schools as well as social, health, and educational services as well as the non-profit sector, has also received official backing. The Commission for Health Improvement's mandate was expanded by the NHS Reform and Health Care Professions Act of 2002, which also made changes to the frameworks for patient and public involvement in the NHS and the division of duties between strategic health authorities and PCTs.

The establishment of joint initiatives between NHS organisations and the prison system and the reformation of the regulation of the health care professions, including the creation and responsibilities of the Council for the Regulation of Health Care Professionals, are additional examples of the government's agenda for patient and public involvement & partnership working.

As stated by Sir Liam Donaldson in 2006, "patients, and the people from whom they are drawn, are the paymasters and commissioners of all that we collectively do." For effective care there is essential is relationship between health care providers and care recipients. The importance of the patient is becoming more and more obvious since the goal of policy of governmental is to return decision-making to both communities, family and individuals. The old-fashioned professionalism, which was frequently criticised as being paternalistic and remote - a closed shop - has actually given way to a new, inclusive, and patient-centered version of professionalism, and this gives hope for the future.

Social enterprise organisations which are voluntary organisations that provide care through commissioning process among NHS, is another element to take into account in regard to the evolving landscape of health care provision. Many government programmes, which particularly mentions fostering innovation and enabling various providers to provide services, reflect the push for a plurality of providers. The New Labour Government has adopted a number of foundational papers since 1997 and till the present it is continued, reaffirming the importance of evidence-based practise, research, quality care, and audit as elements of clinical practice.

The National Health Service Research and its Development plan aspires to made a knowledge-based and skill based health service where clinical practice, management as decision making, and policy protocol decisions are supported by reliable and accurate information on research outcome and scientific development in advance strategy, according to the NHS website. The focus of the NHS Research and its Development plan has since changed to support these projects. In order to generate specialised studies that "reflect consultation with NHS users and staff," most active research programmes are promoted, based on community basic needs specified and alliances. It is also recognised that a capacity-building approach is necessary to move the suggested study forward.

A comprehensive study focus encompassing primary care, health promotion, and public health as allied topics is once again stressed in order to ensure that the rhetoric matches the reality. This is a result of public health policy's increasing significance, the creation of new roles, and the development of new funding models. The local strategic health authority hired the authors of the study to develop a public health vision and conduct a skills audit of the community nursing staff in the area. A variety of research, epidemiology, and change management abilities were cited as being necessary for Midwives, community nurses, caregivers, and public nurses have proposed a new public healthcare agenda.

According to the NHS Improvement Plan, Liberating the Talents for Nurses Who Care for People with Long-Term Conditions, and other later-published documents, new skills are need as part of the creation of new community nursing posts. Meeting objectives for first contact, public health, and the management of chronic diseases are a few of these modifications to local working arrangements. For instance, following remark from a paper by Franks and Smith captures how the new positions have affected nursing practise and perception. A nursing consultant who specialises in providing care for senior citizens characterises the scope of her recent current position, which enables the staff to collaborate with different health and other professions, as follows: Trying to create connections between health and social care is essential to this current position.

Reading government policy reveals the necessity of developing an appropriate knowledge foundation, as well as flexible and creative research methods & approaches, for examining a variety of issues related to primary care, public health, & health service reform in general. The next section looks at the data, methods, & strategies needed to meet the research requirements of the modern primary healthcare and public health agendas.

- 2. The knowledge basis for primary health care practitioners:** Practitioners of primary healthcare are frequently faced with complex clinical problems, political transitions, social demands, & economic challenges such rising migration, refugee, and asylum-seeking populations. As a result, they must make use of information from a variety of fields, including anthropology, psychology, sociology, epidemiology, and medicine. Due to the complexity of the area, practise, education, and research all require a multidisciplinary approach. the present public health and primary healthcare goals.

Epidemiology, often referred to as the "foundational science of public health," focuses on the occurrence, distribution, and factors that affect the states of health and disease in human groups and communities. Facts and theories are linked to scientific knowledge, which is predominant in the fields of medicine and epidemiology. The risk factor literature demonstrates that they are not necessarily written in stone when examined more closely. For instance, the bacterial model of disease aetiology replaced the long-held theory that stress was a risk factor for the development of peptic ulcers in the 1990s. Researchers showed that there was a high correlation between the presence of the condition and the presence of the bacteria *Helicobacter pylori*.

At initially, the pharma corporations did not welcome the discovery of this new information, and it's possible that money-related concerns delayed the adoption of the bacterial hypothesis of causation rather than the stress theory. Today's facts and studies are

predicated on yesterday's knowledge, which practitioners "accept." The need to "understand the limits of our current knowledge" and "learn skills to appraise new information and research breakthroughs and to adapt this to tomorrow's concerns" are also crucial. Primary healthcare practitioners are no longer the only ones with evidence or information about diseases and treatments as customers and patients become more informed through the media and the internet.

They must therefore get more knowledge on how to critically evaluate the research approaches, procedures, and findings as well as how to evaluate them in the context of practise. Rogers stated in 2005 that nurses have been imparting knowledge to others through "on the job" training, and that this type of knowledge has been crucial to the progress of nursing. Two methods to do this are to increase research mindedness and practise reflectively. A practitioner needs to be both self-reflective and research-minded in order to both apply research to practise and do research to advance practise.

3. **Research mindedness and reflective practise:** According to Benner (1984) & Schön (1987), reflective practise helps practitioners operate in a reflective and analytical fashion to recognise their subject-matter expertise, assess research findings, & direct future practise. Similar processes are used by researchers as they move between the field, the literature, & their data to analyse it, develop discoveries, & direct future study. A critical & inquisitive approach to one's profession, the desire & capacity to learn about the most recent research in the field & use it as necessary are the characteristics of research mindedness, according to the research group at the Royal College of Nursing. The ability to challenge one's profession and a research-minded mindset go hand in hand, yet research isn't always required.

In practice-based inquiry, practitioners must be involved, but according to Freshwater & Bishop (2003), they can participate at different levels. This could include understanding what good evidence is, using it to guide practise, knowing where to look for it and how to assess it, or conducting research to generate evidence that will guide practise. Practitioners need to have a solid understanding of the best research methodologies and approaches in order to do this. The research-mindedness skills outlined in a textbook for social workers seem particularly important for the primary healthcare provider, who shares many responsibilities with social workers.

In order to give patients faster and more effective access to medication, extended nurse and supplementary prescription, a new form of nurse prescribing, has formalised evidence-based methods to primary health care practise. As shown in a number of articles gathered by the Health Visitors' Association, community nurses have long been shown to contribute to the monitoring and assessment of health care (HVA). It was determined that local practitioner knowledge, which was qualitative and anecdotal, was of special value. In 1997, Kendall mentioned a later paper (HVA 1995) that attempted to gather data to show decision-makers the value of health visiting.

The report's writers faced significant obstacles in their endeavours, though. Kendall explains this by pointing out how challenging it is to demonstrate the person- or family-centered nature of district nursing, practise nursing, or health visiting, which does not conform to the "gold standard" of systematic review evidence. Decision-makers are more

accustomed to this type of evidence and must be persuaded of the value of "subjective meaning, description of social context, and attention to lay knowledge" that qualitative research can provide, as suggested by Popay and colleagues (1998). The next stage is to organise and incorporate local knowledge into research questions, projects, and supporting data. How might reflective, research-oriented practitioners do this? The research method is a practical structure that can be utilised for this.

- 4. How the research method is applied and how research is used in community nursing practise:** The practitioner can begin the research process by keeping a reflective diary in order to acquire qualitative & anecdotal information for the aims of educating decision-makers, evaluating, & assuring the quality of care. A process that incorporates reflection and an interest in research ensures that practise is conducted using an evidence-based approach. Evidence-based practise refers to the application of knowledge gained through research to practise. In fact, it is possible to argue that the foundation of effective, secure healthcare is the application of research findings to practise, or what is known as "evidence-based practise." The goal of research is to add to the body of knowledge i.e., the body of information about nursing by identifying new relationships and facts through methodical scientific inquiry.

Research, as described by DH in 1993, is the process of acquiring information that include "gaining information, clarification, and enlightenment as well as directly converting it (research) into policy or practise." This final tip highlights the crucial part that practitioners play in significantly evaluating the applicability of study inquiry.

- **Characterise of research as**

- Scientific method
- Objectivity
- Systematisation,
- Problem-solving
- Knowledge advancement
- Investigation of facts and relationships
- An inquisitive mindset.

As the list above demonstrates, we created a broad definition of study because we thought it was representative of the "real world" of nursing. We believed that by conceptualising the study in this way, we would be able to include both the art and science of nursing knowledge. It would also support the notion that nursing, like research, is a diverse activity that takes place in a variety of settings.

Upton posits in 1999 that the process of creating evidence-based practise is through practitioners' knowledge and abilities based on critical reading and interpretation of literature in an effort to provide successful treatment. But before the research can be used, knowledge and information must first be established. The research process is the collective name for the different processes that make up a research endeavour. Although the project is shown to be broken down into discrete stages that build upon one another, they frequently are not mutually exclusive and may occasionally overlap.

- **The stages of the research procedure can be categorised as follows:**

- Determining the research topic & developing a research question
- Deciding on the best research methodology or approach
- Study planning
- Methods development
- Data collection
- Data management, analysis, and interpretation
- Writing
- Research presentation
- Dissemination.

In order to confirm ideas, establish predictions, and assemble a corpus of independent, objective information, hypothesis are developed and tested. The new method of knowledge creation is referred to as "non-linear" because it is independent of theory and hypothesis testing. Instead, the creation of knowledge of the mode 2 type necessitates reflexivity, interdisciplinary study, and respect for diversity. It makes use of a range of tools (including information technology) and sources to support a research agenda devoted to analysing and establishing the legitimacy of distinct knowledge forms. It can occur in a variety of settings, including workplaces, hospitals, and health facilities. Recognizing the limitations of the normal convention of expressing the steps of research as a linear process is equally important for managing the generation of model 2 knowledge.

According to Smith (2004), who states that "Multiple stakeholders with their competing values, agendas, and expectations are involved in the new production of knowledge," there is a growing understanding that research designs and approaches need to be sufficiently flexible and responsive to conduct investigations across organisations, disciplines, and professions. It is equally important to acknowledge that the common convention of describing the steps of study as a linear process is also confined in order to govern the formation of mode 2 knowledge.

The National Institute for health research is the government organisation in the UK that commissions & finances social care and NHS research that serves as the foundation for the provision of public health and individual social services. According to its mission statement, this organization's purpose is to "create the research evidence to support decision-making by patients, professionals, and policy makers, make this evidence available, and encourage its uptake and use." Our main objective is to improve the standard, significance, and concentration of research in the social and healthcare sectors by transparently providing financing in the wake of an open competition and peer review.

The NIHR specifically identifies the NHS Purchasing and Supplies Agency (Centre for Evidence Based Purchasing), NICE, the National Institute for Innovation & Improvement, PCTs, and other healthcare organisations as being associated with it.

Additionally, it declares its support for programmes that boost the likelihood of research dissemination and all of which place an emphasis on the value of evidence-based practise rather than research in and of itself. Kitson (2008) looked examined what factors affected how nurses applied research to practise in New Zealand and Australia and discovered that strategic policy effects, activity within top academic departments, and responses in practise areas were the main concerns. The National Institute for Health Research (NIHR) specifically mentions the NHS Purchasing & Supplies Agency (Centre for Evidence Based Purchasing), NICE, the National Institute for Innovation and Improvement, PCTs, and other healthcare organisations as being associated with it. Additionally, it declares its support for programmes that boost the likelihood of research dissemination and all of which place an emphasis on the value of evidence-based practise rather than research in and of itself. Kitson (2008) looked examined what factors affected how nurses applied research to practise in New Zealand & Australia and discovered that strategic policy effects, activity within top academic departments, and responses in practise areas were the main concerns.

- **Taking the research process forward:** It is helpful to read about the study process when researching or preparing a project since it provides a well-established but relevant framework for considering study paradigms, techniques, and procedures. A topic must be chosen, underlying ideas must be summarised, questions must be developed, a strategy must be chosen, procedures must be outlined, and a plan must be developed to advance the study. This will be somewhat influenced by whether a qualitative or quantitative research approach is adopted. In the end, however, the decision about approaches and procedures is dependent on the researcher's preferences as well as the goal of the study, the subject matter, the field of study, the funding source, & the available resources. Planning the research with careful attention to time and money budgeting, secretarial help, and securing ethical clearance is necessary and will pay off.
- **Where do research questions originate?:** In their 2002 article, Holloway & Wheeler recommend that certain factors be taken into account while defining a research problem. They contend that the topic must be pertinent, the researcher must be interested in it, and the question must be amenable to inquiry.

A researchable question is "an explicit question concerning a topic or subject that can be addressed, analysed, and analysed and that will provide useful new knowledge," according to Brink & Wood in the year 1994. The community nurse's opinions, observations, and practical experiences provide potential study topics.

For instance, in a research published in 2008, Scholes et al. assessed a nursing education initiative that had been created jointly by local trusts and educational institutions and supported by the strategic health authority. The endeavour involved the development of modules to help nurses hone their skills in physical evaluation. The trusts had requested that the modules be created to address particular needs, such as the creation of Hospital at Night services, the clarification of the community matron's responsibilities, and the readiness for demand changes brought on by the changes to junior hospital doctor hours.

- **The role of the literature review:** Polit & Beck (2008) note that it is essential to recognise the existing body of knowledge in a particular sector because research is rarely undertaken in a knowledge vacuum. As a result, a literature review is done to familiarise oneself with the literature by finding the evidence, assessing it, and making decisions based on the evidence that is at hand. In the two cases above, the literature review helped the authors to define the research question, while preceding work provided ideas and methods for carrying out the study as well as examples of efficient data processing procedures.

For example, Vydelingum et al. (2004) found that the following were the main issues from the literature review:

- Government initiatives have positioned public health & health promotion at the forefront of the conversation.
- Practitioners with public health tasks, abilities, and functions are required by the NHS strategy and the national service framework requirements.
- Participation of public health professionals in regional projects has highlighted knowledge and competence gaps.
- Some community-based projects have uncovered knowledge and skill gaps.

Scholes et al. (2008) discussed the ideas of advanced and expert roles and examined the government's policy goal to assist the creation of new positions, such as community matrons. Unplanned and after-hours care were also taken into consideration. A responsive evaluation paradigm, employed by Scholes et al., aims to record the opinions of a variety of stakeholders about the significance of an evaluation. The systematic method of doing a literature review begins with a study question & a plan or search strategy. Database searches are concentrated by using key terms that have been optimised.

The criteria for inclusion and exclusion must be determined. Grey literature, also known as non-empirical evidence, is also searched after and can be discovered in reports from local health authorities or NHS trusts, case reports, opinion pieces, and clinical case notes. However, the majority of literature searches today are conducted electronically, using databases. Information access and dissemination methods have been impacted by the World Wide Web and the revolution in computer technology. Finding information on research, nursing, and just about everything else imaginable quickly and easily may be done by browsing the internet. There are numerous complete computerised databases available, as well as several academic publications. CINAHL, MEDLINE, BIDS, & EMBASE are a few tried-and-true databases.

These databases are accessible online and on CD-ROMs. Search terms or keywords can be entered into online search engines, which then return lists of results. The National Library for Health (www.library.nhs.uk), formerly known as the National Electronic Library for Health, had provided an exciting entryway to research as well as policy, practise, and educational books. One component of the electronic gateway is the Public Health Library. The development of network culture & the ability to collaborate virtually with colleagues are aspects of the electronic era.

- 4. Selecting an appropriate research methodology and approach:** According to Silverman (2005), methodology is a general approach to exploring themes that places a greater emphasis on the philosophy and theory driving the research than the particular instruments used to obtain and analyse data, such as observation, interviewing, and audio recording (i.e. the methods).

The term "paradigm," coined by physicist-turned-philosopher of science Thomas Kuhn (1970), has 2 basic meanings: first, it refers to the set of beliefs, presumptions, values, and methods that all members of the scientific community share, and second, it refers to the methods used to solve particular problems and carry theories to their logical conclusion. Briefly stated, a paradigm is a worldview and practical goals that guide research. Simply said, a paradigm is a way of viewing natural events that includes a set of philosophical presuppositions that direct a researcher's line of study. According to Guba & Lincoln (1994), paradigm issues are fundamental. We contend that no inquirer should do research without being aware of the paradigm that informs and directs their method.

For behavioural psychologists, epidemiologists looking at the spread of diseases in communities, and doctors conducting clinical trials, the strategy of choice is likely to incorporate experimentation, careful observation, measurement, and control of the phenomena under inquiry. This practice is referred to as "quantitative" since it involves numbers and counting. It is also connected to the positivist philosophy and hypothetico-deductionism that underpin scientific inquiry. The writings of prominent and influential medical scientist Medawar, who encourages researchers to think imaginatively and take chances, make it clear that this is an oversimplification of the nature of scientific inquiry.

According to the author, "the word "science" itself is used as a general term for, on the one hand, the procedures of science - the intellectual quests and investigative ploys that go into the advancement of learning - and, on the other hand, the substantial body of knowledge that is the outcome of this challenging endeavour. Similar to this, the approaches employed in epidemiological investigations can include experiments, descriptive and explanatory surveys, and surveys for aetiology and community diagnosis. Interactive or "qualitative" approaches are more frequently favoured by social scientists like anthropologists and sociologists. These methodologies, such as ethnography, grounded theory, and phenomenology, describe and explain the characteristics of events via participant observation and in-depth interviews. Feminisms, symbolic interactionism, interpretive hermeneutics, critical social theory, and feminism all lend support to these strategies.

In the realm of health services research, similar challenges have been discussed (HSR). Popay et al. (1998) make a strong case for the necessity of interdisciplinary collaboration in order to embrace a pluralistic approach to the study of health using a variety of various perspectives and methodologies. They specifically highlight how qualitative research is becoming more and more respected and the contributions it can make to the discipline (Black 1994). In order to fully capture the richness of the data, there is a growing body of literature that supports the use of both paradigms in investigations.

The primary care practitioners who need to understand not only the "what?" and "how many?," which may be determined by quantitative methodologies, but also the "why?"

and "how?," which may be determined by qualitative approaches, will benefit from this shift toward a less rigid approach to methodological paradigms.

Evidence: It is crucial to take into account the body of existing knowledge on the study issue before developing a study. Reviewing the literature is crucial, as was described before, as is critically evaluating the data, synthesising the findings, and drawing conclusions. Such an activity would reveal any theoretical, methodological, or subject-area knowledge deficiencies. A literature search on related topics is recommended if there is no or very little published material on the issue or topics closely related to the study topic should be conducted.

A health visitor researching parents' experiences using cranial osteopathy on their children may find relatively little published literature on the issue given the recent introduction of such therapies. However, a literature review on parents' experiences with alternative therapies for their kids might be very helpful to him or her. The order of evidence at this point is important to note. The studies' scientific rigour and their capacity to generalise their findings to a larger population serve as the foundation for the hierarchy in most cases.

Hierarchy of evidence
1. Double-blinded randomised controlled trials (RCT) (clinical trials)
2. RCTs with good design and pseudo randomization
3. RCTs with good design but no randomization
4. Prospective and retroactive cohort studies with controls
5. Qualitative research
6. Case studies
7. Expert judgments
8. Stories

Examples of these many types of evidence are given by Smith et al. (2004) in their book *shaping the Facts: Evidence-based Nursing and Health Care*. James et al. (2004) mention Archie Cochrane's book *Effectiveness & Efficiency*, which is named after him and had a substantial influence on the growth of the evidence-based practise movement. They note that Cochrane spoke on the significance of what are sometimes referred to as "softer skills" in providing high-quality healthcare, as the following remark demonstrates:

Quality in "cure" is significantly influenced by outcome, although this is by no means the entire picture. Kindness and communication skills are the two most crucial factors.

The 'softer abilities' of kindness and communication that Cochrane highlighted can frequently be best captured by the hierarchies of evidence articulated in qualitative studies, expert opinions & anecdotes. RCTs & cohort studies typically are unable to investigate such ideas. However, Pope et al. (2004) demonstrate that there are still some exceptions to the rule. They discuss the ground-breaking RCT that feminist researcher Ann Oakley conducted to show the link between social relationships & the health and wellbeing of women and their unborn children. In order to depict & comprehend communities, it is important to combine qualitative and quantitative methodologies while studying public

health, according to Baum (1995). Given that different organisations may have their own standards & that it may be somewhat like "horses for courses," evidence hierarchy is not an easy concept to understand. In an effort to use the available evidence to generate guidelines for practise, NICE (2002) established various standards for judging the evidence.

Designing the study: It is crucial to choose a research design that is appropriate for the sort of research question being addressed as well as the type of evidence needed when creating a research study. Experiments and clinical trials, descriptive & explanatory surveys, case studies, & participatory approaches are a few examples of research designs widely utilised in primary health care research. A major focus of primary care research, evaluation is addressed by many of these strategies. According to Daly and colleagues (1992), "We would suggest that different research methodologies would pose different questions and employ distinct frames of analysis when a given subject is addressed."

Experiments, RCTs and quasi-experiments: A double-blind RCT is regarded as the gold standard in the hierarchy of evidence. The experimental method, known as the "randomised controlled trial," has been widely used to evaluate interventions on human participants. The RCT has been promoted more and more over the past 20 years as the primary evaluative instrument in medicine, according to Oakley. Researchers must be clear about their objectives from the start and should have one or two specified objectives before choosing the precise design for the study.

A double-blind RCT is regarded as the gold standard in the hierarchy of evidence. The experimental method, known as the "randomised controlled trial," has been widely used to evaluate interventions on person participants. The RCT has been promoted more and more over the past 20 years as the primary evaluative instrument in medicine, according to Oakley. Researchers must be clear about their objectives from the start and should have one or two specified objectives before choosing the precise design for the study.

The variables have been picked because it is believed that they can help test theories, make predictions, and add to our knowledge. Cancer would be the dependent variable and smoking would be the independent or explanatory variable. Research participants must be sufficiently similar to the types of people who would benefit from the intervention and must be representative of the population from which they are drawn. Therefore, for this goal, it is important to identify clear inclusion criteria. It is crucial to take into account factors relating to class, age, gender, and ethnicity.

In an experimental study, a randomised sample is typically used. Studies have been done with a bias toward white middle-class men, which raises the possibility that the demands of women, persons of colour, and senior citizens will go unmet. For instance, the well-known Framingham Heart Study conducted in the USA gave detailed knowledge of the risk factors linked to cardiovascular disease in middle-class white men, but it did not adequately account for the particular risks for women and people from different racial and ethnic backgrounds. An RCT of stroke patients who were not hospitalised examined the effects of providing them with a package of occupational therapy for up to five months in comparison to a control group who got no occupational therapy. The findings were very

positive since they revealed that the intervention had better outcomes than the people in the control group based on the measures used to evaluate activities of daily life and "carer strain." A quasi-experimental study does not include randomization in its sampling frame and is known as a controlled trial without randomization. Quasi-experiments also lack control groups in their design. The main distinction between an experimental and a quasi-experimental design is that both approaches involve an intervention. The experimental and control groups may be supplemented with a "placebo" group. A modified version of the treatment or intervention is given to the placebo group.

A placebo group was added to the study design for two reasons. First, it is beneficial to disregard any prejudice that a researcher or patient may have in their assessment of the experimental intervention—whether favourable or unfavourable. Second, it offers a check on how frequently the patient might experience spontaneous changes that are unrelated to the intervention being studied. In experimental investigations, placebos are frequently employed to evaluate the efficacy of medications or other treatments

Instead of the qualitative methods that have previously been preferred in this sector, Oakley proposes that RCTs should be used to analyse health promotion treatments. She uses facts to support her claim that health promotion can actually be harmful (for instance, the health visitors' vigorous efforts to stop elderly persons from tripping and breaking bones actually appeared to increase the fracture rate). Because the people you are working with are not already unwell, she comes to the conclusion that "the justification for evaluation in health promotion is even stronger than elsewhere in medicine."

Since then, Oakley has led the development of web-based databases that include a trials register of therapies as well as systematic reviews that show the value of enhancing health. The databases are submitted to the Cochrane Collaboration for Health Promotion and Public Health on a regular basis and are updated. The term "health impact assessment" (HIA) refers to an evaluation technique used to gauge how public policies affect both individual and collective health. The phrase "excellent for addressing disparities" has been used to describe it. *Saving Lives: Our Healthier Nation* suggests HIA, which comes in two flavours: prospective (to maximise possible benefits, the influence of a new policy's adoption on health is examined) and retrospective (the impact of a policy is monitored following its introduction).

Better judgments for upcoming policy and practise at the local, national, and international levels can be made using HIA. Primary care providers need to be informed of the approaches being developed because HIA is such a crucial component of the government's commitment to putting forth an effective public health agenda. These approaches are illustrated diagrammatically & can be used for a range of initiatives, policies, and programmes. The initiative for a health impact evaluation has been taken on by the Health Development Agency. The website has case studies that practitioners and policymakers who have firsthand experience using HIA have authored. The case studies include examples of how HIA has increased community participation and served as a tool to assess the effects of various cross-sectoral projects in the areas of transportation, air quality, nutrition, and sports facilities. The case studies highlight the expansive scope of public health & the necessity for community practitioners to be aware of regional initiatives that may have an impact on and extend beyond their own jobs.

Surveys: Most people have experience with surveys, either as respondents or as investigators. There are two types: the descriptive survey, intended to gather information on people's backgrounds, demographics, and attitudes; and the explanatory survey, designed to answer the question "why?" Numerous routine and unique surveys are regularly carried out by the Office for National Statistics. The best illustration of a survey that characterises the entire population is the national census. A representative sample must typically be taken. The Dingwall and Fox research (1996) is referred to as a quasi-experiment or a particular kind of explanatory survey by Sapsford & Abbott (1998). This was due to the fact that the study's methodology used manipulated variables to compare the perspectives of social workers and health visitors on child protection.

The events depicted in the 20 vignettes were rated by the twenty people representing each profession. Each of the vignettes, which stood in for actual child protection cases, showed a specific instance of child abuse or neglect. The Laming Report supported the conclusions that there were many areas of overlap between the perspectives and methods used by social workers and health visitors to deal with child protection issues, and that organisational rather than training differences may be to blame for their reported difficulties cooperating.

Large sample sizes enable clinical trials and surveys to assert generalizability, but Dingwall and Fox make no such claim. Instead, they 'aim to establish the worth of the approach and to demonstrate that the findings are sufficiently intriguing to warrant additional research. According to Gomm et al. (2000), experimental approaches are the only ones that can investigate causality because it is impossible to determine the efficacy of a given health and social care intervention if it is unknown what the causes and consequences were. It's crucial for practitioners to understand the value of small-scale studies in shedding light on regional circumstances and pointing out potential research areas.

- **Case study:** Case studies give the researcher a chance to get a comprehensive understanding of a circumstance or an event. Numerous qualitative approaches can be used in combination with the case study. For instance, participant observation and interviewing are part of ethnographic fieldwork that lasts for a long time. Scholes et al. used a case study methodology in their evaluation research from 2008, putting the organisation rather than the individual at the centre to paint a picture of the overall experiences. Data were gathered through participant observation and interviews with a variety of stakeholders, & they were then analysed through the lenses of the participating organisations.
- **Different methodologies and methods give new insight:** In a study conducted in 2008, Knutsson et al. examined the needs and experiences of children who visit family members who are receiving intensive care. The study discovered that the visit "produced sentiments of release and relief" in the kids rather than making them appear to be afraid. This hermeneutic study gave the author insight into the feelings and thoughts of the young responders, establishing what the kids actually thought as opposed to what the adults imagined they were thinking. Epidemiological data about LTCs can tell us how many people have a specific condition, how old they are, and

where they live. Using semi-structured interviews with informal carers, Clark et al. examined the challenges of providing informal care for individuals with chronic heart failure.

- **Participatory approaches for community research:** Researchers in primary health care have a variety of methods at their disposal that include local participants, help them feel empowered, and enhance their quality of life & communities. Another crucial idea in health promotion is community involvement. Action research is a prominent methodology among health care researchers, and readers will be familiar with it. Although action research can be set up as an experiment in which a "intervention" is tested and its results are observed, it is typically connected with participatory and collective kinds of study. The cyclical process of intervention, evaluation, and feedback with close collaboration between researchers & participants is the foundational principle of action research.

Action and other participatory types of research balance generalizable information with benefit to the community by working together as experts and equals throughout the research process. The above-described public health agenda, with its focus on teamwork, also the significant NHS reorganisations currently under way, especially within the PCTs, suggest that it is appropriate for the community practitioner to understand the principles of action research in order to gain knowledge about the procedure for creating complex relationships and managing change.

- **Participatory appraisal:** The present government's dedication to eradicating social exclusion and lowering poverty is encapsulated through participatory appraisal, a community research methodology. In order to determine the need and involve local communities in the implementation and evaluation of change, multi-agency and partnership working is required. It also exemplifies the variety of techniques available to practitioners of primary healthcare. Participatory approaches (methodologies and epistemologies) that seek to affect change for and with study participants are what Pain & Francis (2003) define as participatory appraisal (PA). The link between research and action and concerns of empowerment are of importance to researchers using participatory methods.

The purpose of PA is to give members of marginalised groups the opportunity to voice their demands while also promoting discussion among the communities and organisations that deal with them to enhance their skills. Smithies & Adams (1993) modified Feurstein's participatory evaluation model in order to systematise a technique that is vulnerable to opposing agendas and unpredictability while upholding a commitment to community development. The concept emphasises the significance of capacity building to empower locals to create local initiatives and presents it as a cyclical process. The model provides a framework for assessing and advancing any initiatives announced by the PA.

- **Data collection methods:** Asking inquiries, observing people and groups, analysing case records, combing through old files, and reading local media are all examples of methods. Regardless of the overarching concept and methodology, a study might

employ a range of research methods. The process of using many methods and/or groups of individuals to do research is known as "triangulation" and takes place within a single project. Data are gathered from a range of sources, paradigms, and people, which has the benefit of confirming the findings and allowing for a more thorough knowledge of the topic being examined.

- **Data management, analysis and interpretation:** How data are analysed in a study will depend on the research questions being posed as well as the approach and methodologies used. The data analysis stage of the study process is typically the longest.

For instance, if collecting the data takes two months, analysis and interpretation will generally take four months. In order to conveniently and accurately access their data for analysis and interpretation, researchers must design mechanisms that ensure this throughout data collection. In quantitative research, it is assumed that the data will be coded, gathered, and documented on typical formats, such pre-planned questionnaires & interview schedules.

In qualitative studies, the researcher develops techniques for recording fieldwork notes from participant observation, such as keeping index cards on hand to make observations as they occur, such mealtimes in a daycare facility. In order to ease study of the interview contents, interviews are most frequently tape-recorded (with the participants' permission) & subsequently transcribed.

Data from large-sample surveys are probably kept on a computer. This might facilitate & hasten data analysis. Analyzing the data by hand could be quicker if the sample is small. It's important to keep in mind that data are only as reliable as the person entering them into the computer & the reasoning behind the choices of statistical tests. Data preparation for analysis can take a lot of time. Summary statistics (such as frequencies & averages - mean, median, & modes) are generated by data analysis, along with the required statistical significance tests.

Programs like SPSS (Statistical Package for the Social Sciences) and Minitab can be used for both textual analysis and statistical analysis. The most appropriate test is typically suggested by a statistician based on the sample size, type of data, and research questions being posed. Probability theory is the foundation of statistical tests. To put it simply, the data are statistically altered to make sure the outcomes are not the result of chance. It is crucial to remember logic when analysing the results. A "significant" result does not necessarily imply that "cause" & "effect" have been established. If the researcher wants to show that two variables are causally related, they must first make sure that a number of conditions are met. Independent & dependent variables can occasionally be linked accidentally, creating a "spurious" relationship that might complicate the results or muddle the picture.

The process of qualitative research is characterised by the simultaneous coding and analysis of data. The researcher then decides what additional data should be gathered in the future & where and from whom. In-depth descriptions, interpretations, & theoretical viewpoints are produced throughout the process. Then, in order to

comprehend, explain, & draw conclusions about phenomena, narratives & accounts are used to describe the phenomena. Transcripts can be analysed using latent & content analysis to create categories and themes.

In PA, analysis is collaborative & collective and, as shown in the example below, allows for the expression of a range of needs & concerns. Results or findings are terms used to describe processed data. Depending on the underlying study methodology, several data analysis techniques are used. Quantitative research is presented using numbers & statistical manipulations, as well as tables & graphs, while qualitative research uses words & narratives.

III. MULTI-METHOD EVALUATION OF A CLINICAL EDUCATIONAL INNOVATION

The impact of a new educational innovation—the establishment of physical assessment skills modules for nurses—on practice was examined by Scholes et al. (2008) using a multi-method evaluation. Using a 360-degree approach, as many stakeholders as possible were included in the evaluation. Interviews with course graduates, general practitioners, or other medical professionals they collaborated with, as well as patients and carers, were conducted over the phone and in person. The nurses' managers were also questioned to see whether their expectations of the nurses following the course had been met.

Also observed were the interactions between the nurses & the patients they were seeing. The sample was purposefully chosen, & local contacts were used for recruitment. The researchers were able to generate a picture of how the growth of the nurses' physical assessment skills affected various stakeholders because of their multi-method approach. There have been comparisons between the results and the literature. The various approaches elicited various perspectives. The telephone interviews were more focused & followed a more predetermined format, allowing the participants and researchers to explore the topic's issues in greater depth. However, the researchers were able to expand their sample utilising the semi-structured schedule used during face-to-face interviews thanks to the telephone interviews, which cut down on travel time.

IV. GENERAL RESEARCH ISSUES

- 1. Validity, reliability and generalisability:** All researchers need to take validity and reliability into account, regardless of their methodology. Reliability in quantitative research relates to the degree of consistency in procedures and environments throughout time, across groups, and between researchers. Regarding the theories being looked into, the subjects and subjects being studied, as well as the techniques being utilised for data collecting and analysis, this is referred to as validity. The social context in which data are obtained is crucial to take into account for qualitative researchers. For instance, as researchers become more accustomed to the research environment, they are able to assess the correctness and consistency of data during field observations from a range of participant views.

If large-scale research, like clinical trials and surveys, are to be generalizable, validity and reliability are key concepts. This is especially important to consider while conducting systematic reviews to verify the validity of the results. In order to address these problems, meta-analyses examine the demographics, research designs, & conclusions of

numerous studies on a certain subject. In order to determine the significance of the combined results, statistical analysis is then used. Because of the small sample sizes & contextualised nature of the findings, results from qualitative research are typically not generalizable to the general public.

In terms of their capacity to apply the findings to increase understanding about other people's experiences & the consequences for practise, these findings do, nevertheless, have theoretical generalizability. Despite the small purposive sample & phenomenological study conducted by one of the authors, the results have provided crucial insights into the experiences of South Asian patients in hospitals. The isolation & loneliness that patients experience as a result of communication problems should make nurses more aware of such experiences & encourage them to talk with family members. Assuring that supporting domiciliary services are activated, nurses would be better able to pay attention to the in order supplied to South Asian patients and their relatives regarding their conditions and aftercare.

Validity & reliability are difficult to translate in qualitative research. The ideal methods for evaluating qualitative research are a subject of intense discussion and disagreement. The four key strategies for achieving rigour in qualitative investigations, however, were dependability, believability, transferability, and confirmability, according to Guba & Lincoln (1989).

- Dependability (reliability): The study's findings must be accurate and consistent in order for anyone reading them to be able to assess the quality of the research process's analysis and findings.
- Transferability (generalisability) is the ability of the results in one context to be "transferred" to similar situations or participants.
- The degree to which participants and readers can identify the meaning they assign to the circumstances or contexts or the "truth value" of the findings is known as credibility (internal validity).
- Conformability (objectivity): This approach includes an audit or decision trail so that readers can evaluate the study's objectivity, bias, and sensitivity to their needs. Because of the small-scale samples employed, theoretical transferability may be attained in some cases.

2. Presentation and dissemination: To enable the use and application of research findings by others, presentation and dissemination are crucial. Depending on who they are presenting to, researchers may alter their presentational approach. One of the writers published her research in Nursing Times and the Journal of Advanced Nursing (Smith 1987, 1991). The first journal's article may come across as "jargonistic," using words that are challenging for non-researchers to understand. The wording is more clear and understandable for the field-level practitioner in the Nursing Times article. Webb discusses the subject of whether or not researchers should write in the first person.

Writing in the third person is customary in quantitative research to uphold objectivity & authority. Researchers who use qualitative methods, particularly feminist ones, prefer to write in the first person. By doing this, they include themselves into their study stories & increase the reader understands of their procedures and conclusions. The

idea of networks is crucial to the modernization of the healthcare system & was created so that practitioners from different NHS trusts could share their experience & knowledge. The primary purpose of the public health networks is to enable public health experts and practitioners across PCTs to "exchange excellent practise, manage public health knowledge, & most importantly operate as a source of learning & professional development. In order to encourage research, education, & development as well as cooperative cross-boundary partnerships across PCTs, these networks also provide linkages with universities.

- 3. The internet or World Wide Web:** Information can be found & shared online on web sites, via email, in forum conversations, and in newsgroups. Additionally, it affects how research is carried out and disseminated. Despite significant investments in information technology, disparities between regions of the nation and professional groupings still remain, and some practitioners still lack internet access. As the NHS pledges to ensuring that its personnel have access to email & a huge array of automatically accessible databases, the situation is improving. Because there are so many applications for information technology and the internet, practitioners must have access to resources and training. Information published in more traditional media, like books & journals, runs the risk of being outdated previous to it is issued since information evolves at such a rapid rate.

Issues with professionalism, ethics, and information sharing surround internet research. At the moment, it is very challenging to control the internet or keep people or organisations accountable for immoral research activities. Ambiguity of copyright on the internet means that not only is the majority of material free & borderless, but also that individuals & institutions are not held liable for inaccurate reporting, libellous remarks, incorrect research, and unethical behaviour.

Internet facility providers claim that they are powerless in control regarding what is posted on forums or discussed on notice boards. Potential researchers should take this as a major lesson to be exceedingly cautious about the material they acquire and share online. There is currently a wealth of information available, so both the advantages and disadvantages of using the Internet must be taken into account.

- 4. Research proposals:** Other than "pure" research, there are numerous other motivations to write a proposal. Similar guidelines can be used, for instance, when requesting funding for clinical practise change or when conducting service audits. Additionally, proposals may be filed to ask for money to support a conference trip or a study leave. The transition to the market in the health care system, with its focus on evidence-based care, recommends that practitioners must find funding for research and properly identify & document research activities being conducted in the clinical field.

An outlines of proposal is the case for why a certain line of research is worthwhile, how it will further our understanding, and the strategies and tactics required to carry it out successfully. Succinct curriculum vitae are also included by the applicant to show that they have the background required for the position. Since each member will have a distinct history and biases, it is crucial to take into account the composition of the panel or committee when making any proposal. When putting together the proposal, it is crucial to

be clear and unambiguous, mainly if the individuals prepare the decisions are likely to be inexperienced along its methodology.

- 5. Funding:** The pertinent information to tell the applicant will be included in the guidelines provided by funding organisations. The desired philosophical and methodological approach to be used may also be indicated by these criteria. Every funding organisation has its own entry deadlines and may provide differing levels of financial support. Because "top-up" funding there after mightn't be imminent, It is essential that the applicant estimate the budget honestly and ask for resources that will cover anticipated need. The Foundation of Nursing Studies is dedicated to assisting practise development, small scale research initiatives, dissemination, & implementation, in contrast to organisations like the Florence Nightingale Foundation, which are specifically focused on sponsoring research, travel, training, and projects.
- 6. Ethical issues:** No matter the paradigm, technique, or method used, research proposals should always be examined for any ethical concerns & submitted for approval to an ethical committee board before the study can begin. Perhaps noteworthy is the fact that depending on the research design, research participants go by different names.

They are referred to as participants in qualitative research methods like ethnography or phenomenology, respondents in surveys, & subjects in experimental investigations, for instance & the names they go by can give you an idea of the kinds of activities they are engaging in. Prior to providing their written consent, research participants should be informed in details of the study's ramifications and should always have the option to withdraw from the study without consequence.

- 7. Ethical committees:** To safeguard both subjects and researchers, health authorities must establish multicenter research ethics committees (MREC) and local research ethics committees (LREC). When doing research across many sites, a researcher must apply to one of the multi-centre committees, which serve a group of health personnel. When doing research at a single location, the researcher submits an application to the relevant regional trust full committee. The researcher must also submit an application to the neighbourhood study and development committee asking for permission to start fieldwork & for an honorary contract. Universities have ethical committees as well, and students doing research work as part of their academic requirement are expected to submit an application to the appropriate institution ethical committee.

Professional or academic organisations, like the Royal College of Physicians and the Royal College of Nursing, create standards for help of researchers Consider the ethical implications of your study proposals. Researchers must submit written proposals to ethics committees to show that the proposed study complies with ethical standards including autonomy, acceptance, justice, goodness, and non-malice. Practically speaking, this might entail giving consent after a thorough description of the situation and before the research starts. A potential participant has the right to informed consent if they have the chance to get adequate information or an explanation of the study, their function, importance & expectations. Researchers should also give participants enough time to think about the data before making a choice, and they should provide assurances that their reluctance to participate in the study won't affect the treatment or services they receive.

Any nurse or care provider has the right to ask to see the consent document before providing a researcher access to a patient. It is challenging to conduct research on those who struggle with mental illness, learning disabilities, or children. This is due to the susceptibility of these groups to unethical study techniques. Whether children, people with learning disabilities, & people utilising mental health services can make fully informed decisions is a question (or whether someone can consent on their behalf). If one takes into account the legal limitations on these groups' abilities, informed consent is especially crucial.

V. CONCLUSION

Research combines methodical investigation with an individual's journey. Each researchers and practitioner's individual preferences and working methods have an impact on the inquiries made and the strategies used. The goal of the chapter is to give the reader insight into the methods and conclusions that were used to study community nursing, public health care & how they might be applied in the real world. It specifically specifies the fundamental healthcare knowledge base as well as relevant topics and approaches. The primary care practitioner's toolkit for recognising & drawing on experience, which in turn adds to the evidence base that underpins study & practise, is described as including reflective practise and study mindedness. A large variety of information are made Accessible electronically as part of the policy, practise, & research bases thanks in large part to the World Wide Web (www). To further support primary care practitioners in applying and utilising research, concerns like ethics, proposal writing, and funding are also brought up.

In the contemporary health care system, the many types of research are no longer optional extras. In fact, the present NHS goal actively promotes the development of a critical research culture. In order to address their own professional and personal requirements as well as those of patients & customers, this chapter aims to help primary care and public health practitioners carve out a place for themselves within that culture.

REFERENCE

- [1] Andersson N. Participatory research—A modernizing science for primary health care. *Journal of general and family medicine*. 2018 Sep;19(5):154-9.
- [2] Martin RE, Murphy K, Chan R, Ramsden VR, Granger-Brown A, Macaulay AC, Kahlon R, Ogilvie G, Hislop TG. Primary health care: applying the principles within a community-based participatory health research project that began in a Canadian women's prison. *Global Health Promotion*. 2009 Dec;16(4):43-53.
- [3] Walley J, Lawn JE, Tinker A, De Francisco A, Chopra M, Rudan I, Bhutta ZA, Black RE, Lancet Alma-Ata Working Group. Primary health care: making Alma-Ata a reality. *The Lancet*. 2008 Sep 13;372(9642):1001-7.
- [4] Du Toit R, Faal HB, Etya'ale D, Wiafe B, Mason I, Graham R, Bush S, Mathenge W, Courtright P. Evidence for integrating eye health into primary health care in Africa: a health systems strengthening approach. *BMC Health Services Research*. 2013 Dec;13(1):1-5.
- [5] Cunningham FC, Matthews V, Sheahan A, Bailie J, Bailie RS. Assessing collaboration in a National Research Partnership in quality improvement in Indigenous primary health care: a network approach. *Frontiers in public health*. 2018 Jun 25;6:182.

- [6] Gilson L, Elloker S, Olckers P, Lehmann U. Advancing the application of systems thinking in health: South African examples of a leadership of sensemaking for primary health care. *Health Research Policy and Systems*. 2014 Dec;12(1):1-3.
- [7] Goodyear-Smith F, Mash B, editors. *International perspectives on primary care research*. CRC Press; 2017 Apr 28.
- [8] Goodyear-Smith F, Mash B, editors. *International perspectives on primary care research*. CRC Press; 2017 Apr 28.
- [9] Gould D, Berridge EJ, Kelly D. The National Health Service Knowledge and Skills Framework and its implications for continuing professional development in nursing. *Nurse Education Today*. 2007 Jan 1;27(1):26-34.
- [10] Tierney JF, Vale C, Riley R, Smith CT, Stewart L, Clarke M, Rovers M. Individual participant data (IPD) meta-analyses of randomised controlled trials: guidance on their use. *PLoS medicine*. 2015 Jul 21;12(7):e1001855.
- [11] Lewis BL, Daly T. *Strategic Homeporting: National Strategy or Bureaucratic Politics?*. NATIONAL WAR COLL WASHINGTON DC; 1992 Jan 1.