

FEAR Regarding Research among Health Professionals

Abdul Sattar Khan¹, Rabel Khawaja², Hassan Ahmed A Alsahaf³

¹Head & Assistant Professor, Department of Family and Community Medicine, College of Medicine, King Faisal University, Hofuf, Saudi Arabia, ²Family Medicine Resident, Department of Family Medicine, Indus Hospital, Karachi, Pakistan, ³Medical Student, Department of Family Medicine, College of Medicine, King Faisal University, Hofuf, Saudi Arabia

Abstract

Purpose: Evidence-based medicine practice is now inevitable and health professionals are bound to understand research concept thoroughly to practice based on evidence. When we are talking about research, usually health professionals avoid involving in researches for many reasons. This study was designed to assess the fear regarding health professionals based on a small scale designed focusing on scoring system and assess having some avoidance behavior.

Methods: It was a cross-sectional study design. Between July and September 2019, a self-administered questionnaire was distributed through online after getting data regarding contacts details of health professionals. We have approached 600 subjects in total, these participants were doctors, nurses, and allied health professionals. This health professional's works all over the country (e.g., Ministry of Health, ministry centers, university, and private sectors). The inclusion criteria were all health professionals work as registered health professionals. The Research Ethics Committee of the university approved the study.

Results: The results depict out of total, 26.2% of male and 26.4% of female have high FEAR scores, and 29% of male have low FEAR score in comparison to 18.4% of female. Health-care providers with bachelor show the highest FEAR score about 27.7%, while those with postgraduate degrees show the lowest fear with 22.2%. A bivariate logistic regression analysis done shows a statistically significant ($P = 0.027$) association seen with high fear score and age group, especially the youngest between 19 and 30 years and educational level ($P = 0.024$). Whereas, no statistically significant difference ($P = 0.290$) seen in the FEAR score with working experience. No statistically significant difference ($P = 0.251$) seen in the FEAR score with living.

Conclusion: Conclusively, the health professionals have fear about researches so need to assess its reasons for the rectification of the problem.

Key words: Fear, Health professionals, Publications, Research

INTRODUCTION

Rapidly growing health and applied health fields produce a huge amount of new information and becoming knowledge based on evidences discovered by researches. Thus, the new evidence-based knowledge needs to apply in the practice for an improvement of the health care system. Evidence-based medicine aims to change the current medical practice by application of scientific

method.^[1] To apply it, health professionals should understand science and art of research methodology. These all evidences are based on research, which motivates us for evidence-based practice. The meaning of research is ““an endeavor to discover facts by study or investigation.””^[2] Policy-makers utilize research for framing policies while administrators take decisions with the help of research outcomes. Either students, teachers, or practitioners all need a clear understanding of research or ultimate aim of conducting research is to improve health and patient care, thereby serving the humankind.^[2] However, it is emphasizing that teachers should play a role in research or publications and there are enough evidences to prove that the quality of teaching improves if faculty is oriented toward research.^[3] However, this is a responsibility of all health-care professionals to work for conducting ethical research.

Access this article online



www.ijss-sn.com

Month of Submission : 06-2020
Month of Peer Review : 06-2020
Month of Acceptance : 07-2020
Month of Publishing : 07-2020

Corresponding Author: Dr. Abdul Sattar Khan, Department of Family and Community Medicine, College of Medicine, King Faisal University, Hofuf, Saudi Arabia.

Nonetheless, when we talk about researches, usually the reactions of health professionals are not promising. Somehow, it reflects from their reactions that they might have some kind of fear about conducting researches. Normal fear is defined as a normal reaction to a real or imagined threat, is considered to be an integral and adaptive aspect of development.^[4,5] As compared to other basic emotions,^[6] the fear has been extensively researched.^[7] Obviously, normal and adaptive fears have been differentiated from clinical fears or phobias based on several criteria, including whether or not the expressed fear is age or stage specific, persists over an extended period, and/or significantly interferes with everyday functioning.^[8] This distinction is of particular relevance for the present discussion, given that a central focus of the extensive research into normal fear has been to determine its developmental patterns, intensity, and duration against which to identify pathological fear or phobia.^[7] Therefore, the normal fear does not require having an extensive management. As regard to the research, fear is also considered as a normal fear and just need to handle through continuous exposure and proper understanding. We designed this study to assess the attitude of health professionals regarding researches among health professionals in Saudi Arabia.

METHODS

Study Design and Setting

It was a cross-sectional study design. Between July and September 2019, a self-administered questionnaire was distributed through online after getting data regarding contacts details of health professionals. We have approached 600 subjects in total, these participants were doctors, nurses, and allied health professionals. This health professional's works all over the country (e.g., Ministry of Health, ministry centers, university, and private sectors). The inclusion criteria were all health professionals work as registered health professionals. The Research Ethics Committee of the university approved the study.

Survey Instrument

Investigators prepared the questionnaire after applying a Delphi technique. A pilot study was conducted to assess the validity and reliability of the questionnaire. This questionnaire then applied to a group of health professionals randomly selected for assessing reliability coefficient that was 0.78.^[8]

In addition to personal data and practice characteristics, the survey included that assessed participants' attitude toward research by measuring their perception through following 4 statements:

F= Fascinated with research "Extremely interested with research

E= Excited to do a research

A= Accepted to spare time for research

R= Regularly read research articles

These statements have been measured through a scale having options: Never, sometimes, usually, and always. Giving scores to each response from 1 to 4 made the score from 1 to 16. We have classified the measuring FEAR based on scores as high (1–8 scores) and low fear (9–16 scores).

Data Analysis

The data was collected and analysed by using SPSS-IBM version 22. All four statements based on Likert scale divided into two categories as high (1–8 scores) and low fear (9–16 scores) and cross tabulated these categories with demographic variables with the application of Chi-square. The $P < 0.05$ was considered as statistically significant level.

RESULTS

The demographic results yield that male participants 55% and 45% female. Almost half of them (50.6%) were doctors and only a few (9.1%) of them had diploma degrees. Most of them were living in the city about 91.9% and half of them (50.4%) having a work experience <5 years. Out of total, 26.2% of male and 26.4% of female have high FEAR scores, and 29% of male have low FEAR score in comparison to 18.4% of female (Figure 1). Besides, regarding health-care occupation (Figure 2), doctors exhibit the lowest fear score about 30.2% with 17.3 to the rest of health-care providers. Health-care providers with bachelor show the highest fear score about 27.7%, while those with postgraduate (PG) degrees show the lowest fear with 22.2% (Figure 3).

A bivariate logistic regression (Table 1) analysis done shows a statistically significant ($P = 0-027$) association seen with high fear score and age group, especially the youngest between 19 and 30 years with $P = 0.027$ and educational level with $P = 0.024$. Whereas, no statistically significant difference ($P = 0.290$) seen in the FEAR score with working experience. No statistically significant difference ($P = 0.251$) seen in the FEAR score with living.

Table 1: Bivariate logistic regression analysis

Variables	B	S.E.	Wald	df	Sig.	Exp(B)
Age group	0.188	0.183	1.062	1	0.303	1.207
Sex	0.280	0.187	2.257	1	0.133	0.755
Occupation	0.525	0.122	18.556	1	0.000	0.591
Education	0.048	0.150	0.100	1	0.751	0.953
Living	0.388	0.329	1.392	1	0.238	1.473
Working experience	0.027	0.183	0.022	1	0.882	1.027
Constant	0.509	0.552	0.852	1	0.356	1.664

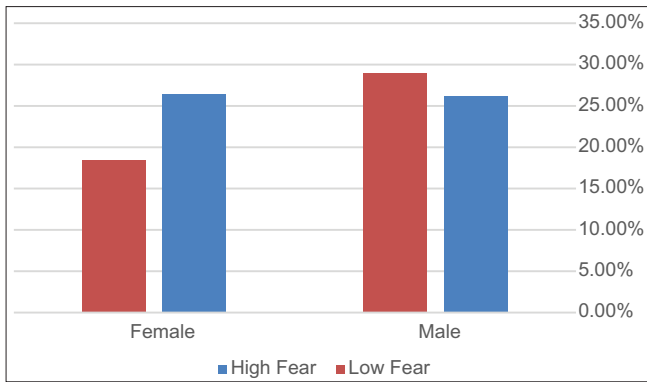


Figure 1: Comparison between gender and fear score (P = 0.009)

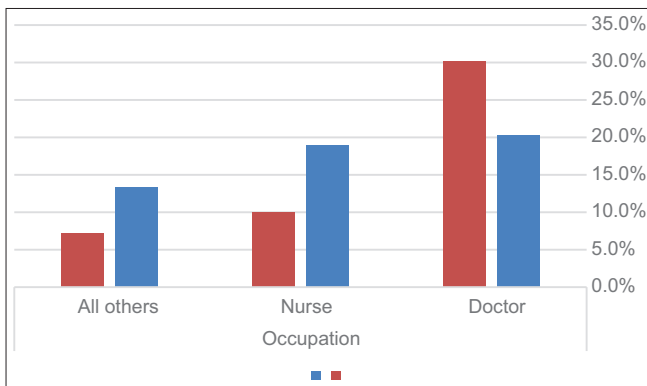


Figure 2: Comparison between health-care occupation and fear score (P = 0.000)score (P = 0.000)

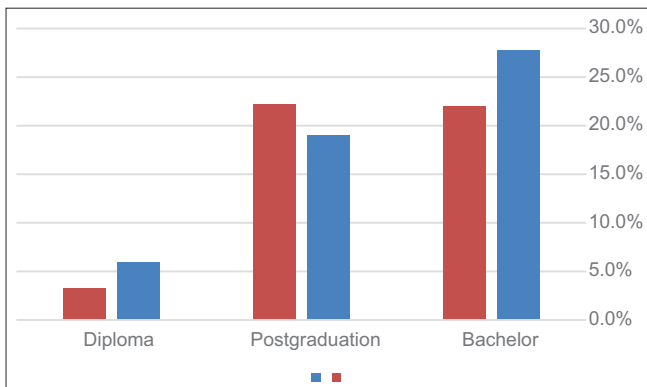


Figure 3: Comparison between educational level and fear score (P = 0.024)

DISCUSSION

This study depicted that health professionals have high fear scores about research, however, as compared to allied health professionals, doctors have less fear. There is no study so far published to measure the level of fear among health professionals as regard to this issue; therefore, it is difficult to have a direct comparison of our results with other studies.

Nonetheless, in the undergraduate curriculum, research methodology is covered under preventive and public health subjects and is not stressed upon. However, the scenario has been changed now, some of the universities provide conducive environment to the students, and it is one of important components of the CanMEDS competencies required from a physician.^[9] If this gap is not filled at undergraduate level, then this lacuna is carried forward during the PG course where dissertation is a mandatory requirement. Therefore, as now, many universities or medical schools adopted the curriculum that is based on outcome based and competencies based,^[9] should have scholar activities at undergraduate level. Henceforth, it is strongly recommended that students should involve in research activities from the beginning at their medical schools.

There is another issue needs attention that teachers, which are interested and qualify as guides for under as well as PG students. Majority teacher teaches because of the number of years of experience or publications, most of which being as gift authorship. Mediocrity in research continues unabated because many of the teachers and guides have shown little interest in being trained in research methodology.^[2,10,11] Due to the casual attitude of teachers who are not oriented to research, the candidates are finding shortcuts to fill in a few pages in the name of thesis.

This scenario highlighted another subject that is preparation of researches through work on overnight like completing a ritual to get a degree.^[10-12] The best example of it is preparation of the thesis overnight. Earlier, there were amendments to delete thesis for PG examinations in some countries, but this resulted in decrease in number of scientific publications, so, once again, thesis became a requirement for PG exams.^[10] Hence, the PG thesis is one of the reasons cited by teachers for not involving in research. There are teachers mention many reasons for not teaching researches or involving in the researches^[13] like are too busy, overwhelmed in academic load, have some extra administrative work, and so on that there so no time left for researches.

CONCLUSION

This study illustrated that health professionals have fear about researches and there is a need of development of a large-scale study and include other questions to measure real fear with reasons.

ACKNOWLEDGMENTS

Authors would like to express thank to medical students who contribute in data collection.

REFERENCES

1. Haynes RB, Sackett DL, Richardson WS, Rosenberg W, Langley GR. Evidence-based medicine: How to practice and teach EBM. CMAJ 1997;157:788.
2. Nayak BK. Why learn research methodology? Indian J Ophthalmol 2009;57:173.
3. Singh T. Research methodology simplified: Every clinician a researcher. Indian J Pharmacol 2011;43:224.
4. King NJ, Hamilton DI, Ollendick TH. Children's Phobias: A Behavioural Perspective. Chichester, UK: John Wiley & Sons; 1988.
5. Morris RJ., Kratochwill TR. Treating Children's Fears and Phobias: A Behavioral Approach. New York: Pergamon; 1983.
6. Izard CE. The Psychology of Emotions. New York: Plenum; 1991.
7. Gullone E. Developmental psychopathology and normal fear. Behav Change 1996;13:143-55.
8. Walston J, Meyer J, Pearson J. Reliability and validity of the frail elderly functional assessment questionnaire. Am J Phys Med Rehabil 1995;74:45-53.
9. Frank JR, editor. The CanMEDS 2005 Physician Competency Framework: Better Standards. Better Physicians. Better Care. 2005, The Royal College of Physicians and Surgeons of Canada. Copyright© 2006. The Royal College of Physicians and Surgeons of Canada; 2006. Available from: <http://www.rcpsc.org/canmeds>. [Last accessed on 2020 May 30].
10. Miller LC, Barrett CL, Hampe E. Phobias of childhood in a prescientific era. In: Davids A, editor. Child Personality and Psychopathology: Current Topics. Vol. 1. New York: John Wiley & Sons. 1974. p. 89-134.
11. Gitanjali B. Training students in research methodology: Are we doing enough? JK Science. 2006;8:1-3. Available from: <http://www.jkscience.org/archive/volume81/editorial.pdf>. [Last accessed on 2011 Apr 07].
12. Gitanjali B. Identifying a research topic: The problem is the problem. Indian J Pharmacol 2005;37:67.
13. Connelly FM. Teachers' roles in the using and doing of research and curriculum development. J Curric Stud 1980;12:95-107.

How to cite this article: Khan AS, Khawaja R, Alsahaf HAA. FEAR Regarding Research among Health Professionals. Int J Sci Stud 2020;8(4):49-52.

Source of Support: Nil, **Conflicts of Interest:** None declared.