

A VIEW ON ROUTINE TO RESEARCH (R2R)

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INTRODUCTION

In general, there has been a wide gap between **research result** and its application for development, particularly the application in routine work. One of the contributing factors to this gap is the professional separation between researchers and those who are performing routine jobs such as providing care and services in medical facilities. There has been an understanding that research is a technical work which is functionally different from routine work. Research which is normally considered to be specialized work aims primarily at technical excellence at academic level rather than the application of its result to the development or improvement of routine work. By and large, research work at a certain scale needs fund which in most cases cannot be afforded through the resources available with routine work. However, there has been an attempt to use research as means for the development or improvement of routine work by promoting cooperation between researchers and those who are doing routine work. This is to improve or to further develop routine work through pursuing research methodology and process on the topics arising out from the problems and obstacles encountered in performing routine work. This type of research is sometime called “research – cum – action” or simply “action research” to be initiated, developed and implemented by those who are doing routine work, and in the process they may be assisted by others as necessary. Action research needs to be pursued through a systematic process and method based on scientific thinking with or without the help of expert. Research – cum – action utilizes resources available with or around the

routine work, there may be requirement for additional resources, but these should be at the minimum. Another way to close the gap between research result and its application is to improve/simplify data/information of research report, including research result and conclusion in the way that it would be clearly understood by lay persons, especially those who are doing routine work. It is also necessary to demystify research report and research result for accessibility and clear understanding of concerned policy makers and administrators of the organizations, as well as practitioners of routine work who provide direct care and services to clients.

INITIAL UNDERSTANDING

Routine work is the work that has a procedure process and method for continuous and regular practice without change over a long period of time, a situation in which things are always done in the same way. On the other hand, research is a systematic and dynamic study of problems and their causes through scientific thought and method in order to arrive at factual findings and conclusion for solving those problems and obstacles. In pursuing R2R, it is necessary to demystify research method and process, use common vocabularies or terms and use simple/simplified languages, these are among other things, for clear understanding of people in general, and particularly of those who perform routine work. Routine to research is to encourage those who are doing routine work to use research approach in solving their day – to – day problems and obstacles, improving and further developing their routine work for better outputs and development themselves [1]. Primary purpose of R2R is to respond to the local needs for better care and services of people and community. The idea to

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develop R2R up to the level of international standard or world class research may be an attractive perspective, but there is a risk to defeat its original purpose of solving local problems.

During 1960s – 1970s, there was an international exercise to develop and implement a type of health research called “Health Services Research” ; then from 1980 by expansion of its concept and scope Health Services Research was transformed into “Health Systems Research” which is an applied research in a way, using system approach towards improvement of health organization and policy as well as towards the development of systems for effective delivery of health care and services with particular emphasis at primary care level [2]. The idea of Health Service Research was actually came from the desire to pursue a type of research similar to the idea of R2R, But, today its successor “Health Systems Research (HSR)” is conceptualized and treated much far beyond the scope and issues relevant to the direct provision of health care and health services to people. In addition, it also involves various aspects of health policy and management at the macro level, such as health policy development, macroeconomics in health, Universal Health Coverage (UHC), etc.

One has to admit, however, that data/information derived from research on routine work developed and implemented by these who are performing that routine work (R2R) is indeed of limited quality or low quality, of limited use in further development of routine work [3, 4]. These data/information are sometime classified to be in the category of “Fugitive Literature” – the research results which are not published or presented at technical conferences/meetings, or the research results which are not from the work of academic institutions, such as theses or dissertations. These data/information may also be assigned to the category of “Grey Literature” – it is a publication of research results for dissemination internally within an organization; the research which is internally developed and implemented for the purpose of internal consumption for exclusive use to solve the organization’s own problems; there is no known process for strict review and assessment or evaluation of the quality of those research results by external experts. At various places, quality of the products of these research (R2R), and the process for strict assessment of such products, if any, vary to a large extent from place to place. It is indeed difficult to search for or to scientifically evaluate the quality

of those products (research results).

NEED FOR DEVELOPMENT AND IMPROVEMENT OF ROUTINE WORK

- Generally, persons who do routine work are keenly aware of and concerned with problems and obstacles they are facing in performing their routine jobs.

- They are actually interested to see change in the ways they are doing things day by day, to use their new ways of doing things to overcome those problems and obstacles at work.

- They also believe that research should not be too difficult for them to pursue in their attempt to solve those problems and constraints in their work; or in their intention to further develop their work through effecting change in the ways they are doing things, change for the better.

- They believe that “simple or simplified but scientific research” can be developed and pursued to help them improve and further develop their routine work.

- They understand that “simple research” means:

- simple in design/methodology,
- simple in implementation and
- simple in analysis and interpretation.

This is a “3S’s research model.”

On the other hand there is a “3 Cs research model”:

- complex in design/methodology,
- complex in implementation, and
- complex in analysis and interpretation.

This later-type of research is to be pursued for “Technical Excellence”, or it is a “World Class Research,” which may not be easily understood by lay persons or those who are performing routine work.

DATA/INFORMATION FOR RESEARCH ON ROUTINE WORK

In health care facility settings, data/information are generated, collected and processed through the following points and facilities at every level of health care systems, such as:

- people, sick people in families;
- clinics, health centers, other health care facilities in community which also includes ambulatory care facilities
- hospitals at sub-district, district, provincial and regional levels;
- laboratories at every level of health

facilities.

A good protocol is needed for collecting those data/information for research work on routine work; through rationally systematic, step by step and scientifically sound data/information management for research purpose. If there is a good collection and management of data/information from routine work (without formal research yet), and there is a good preparation and sound presentation of report on the performance or execution of as well as the outcome thereof from the routine work, the report that also covers descriptive as well as comparative statistics.

Such report, if any, may be considered to a certain extent as a type of **research report**, that clearly describes problems encountered and implies/proposes solutions to the problems.

WHAT MAY BE GAINED FROM RESEARCH ON ROUTINE WORK?

- Tools are developed for searching knowledge and experience for solving problems and constraints encountered in performing routine work.

- Such research is an important tool for the development of staffs/personnel who are directly or indirectly involved in such routine work.

- Some problems and obstacles of the routine work may be overcome, such as:

- reduction of steps in the work process;
- improvement in the quality of work products;
- balancing the work load of staff members;
- improvement in the quality of care, clients getting better services;
- reduction in the complications or adverse effects of treatment and care;
- reduction in the waiting time of clients;
- reduction in the duration of stay of clients as in-patients.

CONCLUSIONS

(1) During the past decade, there has been an active thinking and development in the idea and concept relating to the issues of Routine to Research (R2R).

(2) There have been many conferences, meetings, seminars and workshops held on the issues involved in R2R for the discussion and brainstorming among various institutions, organizations, and individuals who are concerned

with and involved in health development in general or in specific areas.

(3) There has been promotion and support to research efforts in a broad scope for the development and improvement of routine work in general.

(4) There has been a systematic process for exchange of experience in R 2 R through presentations and publications of research results.

(5) R2R has been popularly used and practiced in Thailand; however by my own experience, the writer had never heard of this word in WHO.

(6) There has been a determined effort to develop R2R to the level of “technical excellence” at international and World Class level; this idea may defeat the original purpose of R2R which is considered to be in the form of Simple Research to overcome problems and obstacles encountered in performing routine work.

(7) However, it is obviously observed that practitioners of routine work are keenly interested in pursuing R2R and widely apply the available results of R2R in furthering the development and improvement of their routine work.

(8) It is also observed that with the active promotion of R2R, cooperation between researchers and practitioners of routine work has been improved.

(9) Gap between research result and its application should be substantially narrowed following the promotion of R2R.

One may expect that positive development as described above would be maintained for sustainable improvement of routine work for more effective care and services to clients.

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