

A Research Network in Travel Medicine

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Introduction

Research in travel medicine is actively conducted at both a national and international level but is arguably in its infancy, with many research questions currently being identified and an evidence base that is sometimes quite actively debated. Research in this discipline in the British Isles has traditionally been somewhat piecemeal with a few individuals conducting pieces of work in relative isolation, although this may be a reflection of the relatively low level of funding such research attracts. This is particularly true of the work that attempts to investigate the activity of practitioners and the behaviour and attitudes of travellers.

It has been proposed by the British Travel Health association (BTHA) and the Travel Medicine Society of Ireland (TMSI) that a useful exercise might be to explore setting up a collaborative research network amongst its own members. This network could potentially gather data to help answer specific questions in travel medicine that had been identified as relevant to practice by the membership of the two organisations.

The aim of the project was to gauge the interest and potential involvement of BTHA and TMSI members in a research network as well as to identify what they perceived as the type of projects that could be usefully conducted through such a network.

Method

Members of the BTHA and TMSI for whom email addresses were held were sent a simple electronic survey to gather and explore the opinions of various healthcare professionals involved in travel medicine, including Doctors, Pharmacists and Nurses. The survey tool has been previously validated and piloted and consists of mainly structured closed questions with free text boxes where appropriate. The email and web link for the survey was disseminated over summer 2009 and data were analysed using Microsoft Excel. The chi squared test was used to analyse the statistical significance of categorical data using Minitab 10.

Ethics approval was granted from the De Montfort University Health and Life Sciences ethics committee.

Results

Email addresses were available for 328 members of the BTHA and 310 members of TMSI. A total of 106 questionnaires were received through the BTHA (response rate 32%) and 39 through TMSI (13% response rate). 75% of BTHA respondents were interested in participating in a research network compared to 43% of TMSI. The profile of respondents is shown in Table 1.

Figure 1 compares the respondents' views of the main barriers to research in travel medicine from the following:

- Insufficient time
- Lack of financial incentive
- Lack of motivation

- Not having a personal interest in the topic
- Poor support from employer

Figure 2 gives an indication of the methods of data collection respondents would be willing to undertake. Figure 3 shows the responses concerning how areas of research could be prioritised, which were:

- The quality of advice given to travellers during a pre-travel consultation
- Incidence of travel health related illness on return
- Knowledge, attitude and compliance of travellers to advice given
- Accidents and trauma abroad.
- Comparison of level of service delivery between travel clinics
- How the cost of travel medicine is perceived by the traveller

In the UK more nurses than doctors considered lack of support from the employer (69%v34%, $p<0.001$ chi square = 3.9, DF=1), and not having a personal interest (37%v18% $p<0.001$, chi square= 11.7, DF=1) as potential barriers. In the UK more nurses than doctors gave a higher priority to research into the quality of advice (77%v50%, $p<0.05$ chi square= 5.6. DF=1).

Discussion

For the BTHA survey only about half of the members' email addresses were available at the time survey and the TMSI response rate was relatively low. However the data does give an indication of the preferences and views of travel medicine practitioners in the two jurisdictions. It would therefore be reasonable to repeat the survey in the future to gain a greater representation of views.

In both regions time seems to be the biggest barrier to research being conducted in travel medicine. In the UK it was felt that a lack of support from employers contributes to potential barriers, however in Ireland no such issues were highlighted.

The form of data collection that appears to be most favoured in both regions is inviting travellers to complete questionnaires. For priorities of research both regions favoured quality of advice to travellers, incidence of illness and adherence issues. Accidents and trauma, level of service delivery and cost issues on the other hand had a low priority. Any data from the TMSI should be viewed in the light of the low response rate which may have biased the data.

Conclusion

The main barrier to travel medicine research is time and asking travellers to complete a questionnaire is the most favoured method of data collection. There appears to be no differences in main priorities for research between the two countries. Based on the numbers of people volunteering to take part in a research network this seems to be a viable proposition.

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Tables (1) & figures (3) on following pages

Table 1
Profile of Survey Respondents

	<i>BTHA (%)</i>	<i>ISTM (%)</i>
<i>Profession</i>		
Nurse	56 (53)	9 (23)
Doctor	40 (38)	30 (77)
Pharmacist	5 (5)	0
Other	5 (5)	0
<i>Setting</i>		
GP practice	44 (42)	35 (90)
Private clinic	13 (12)	1 (3)
Pharmacy	3 (3)	0
Occupational health	18 (17)	2 (5)
Hospital	8 (8)	0
Other	20 (19)	1 (3)
<i>Time Qualified (yrs)</i>		
<1	1 (1)	1 (3)
1-5	13 (12)	8 (21)
6-10	27 (25)	9 (23)
>10	64 (60)	21 (54)

Figure 1
Identified Barriers to Research in Travel Medicine

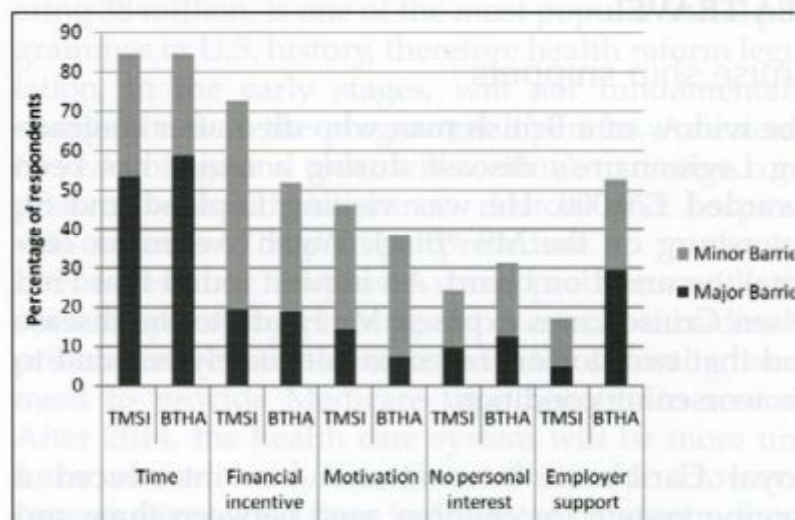


Figure 2
Preferred Method of Data Collection

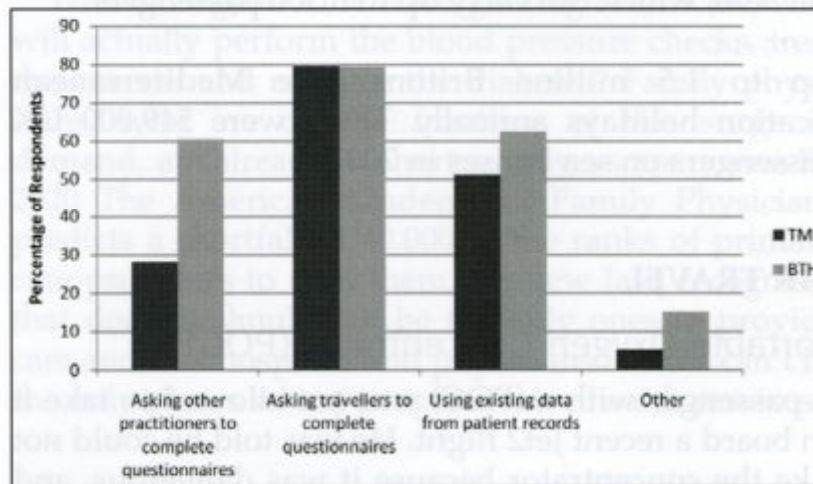


Figure 3
Priorities for Travel Medicine Research

