THE LANCET

Volume 373, Issue 9664, 21 February 2009-27, Pages 610-12. doi:10.1016/S0140-6736(09)60379-2

Cultural challenges and their effect on international research integrity

Xavier Bosch, MD, PhD¹ * and Sandra L. Titus, PhD² **

Department of Internal Medicine, Hospital Clínic, University of Barcelona, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, Spain (1) and Office of Research Integrity, Rockville, Maryland, USA (2)

* Dr. Bosch is Associate Professor of Medicine, University of Barcelona, and is in charge of drawing up the Code of Good Scientific Practice for IDIBAPS and the Hospital Clínic of Barcelona.

** Dr. Titus is Director of Intramural Research at the Office of Research Integrity, Department of Health and Human Services, USA.

Address correspondence to Xavier Bosch at xavbosch@clinic.ub.es

International research collaborations have many benefits but also many barriers. The number of international collaborations, measured by the number of authors listed in publications, is growing exponentially. ¹ Recognition that researchers have limited opportunities to consider the impact of cultural issues led to the first international conference on *Challenges and Tensions in International Research Collaborations*, ² organised by the US Office of Research Integrity and the University of Minnesota and held in Minneapolis, USA on 2-3 October 2008.

The ability to move back and forth through cultural, linguistic, institutional and political boundaries is essential. Ways of handling data differ between nations. Within research teams, negotiations on power and status may reflect different expectations of authorship or control over research design. Conventional work habits, including pacing, workloads or sensitivity to deadlines and reporting requirements, may vary ³.

Designing research may pose many difficulties, including whether concepts and words mean the same thing. In a study on chronic diseases aimed at developing a comparable quality-of-life measure, finding appropriate words for 'cough' and 'mucus' become central to the project's success. ⁴ There may be inconsistencies in the understanding of conditions such as 'stroke' and 'Alzheimer' in developing nations such as Uganda. ⁵ Another planning concern is whether proposed questions are politically or culturally permissible. In China, asking parents how they choose their child's school may be sensitive because families do not make these choices. ³ Another issue is the availability of researchers in less-developed countries, who often hold down several jobs to earn a living wage. ⁶ One unpleasant reality for Western researchers is that, in some cultures, research will not be started or completed without a bribe, as reported. ^{6,7}

During the planning phase, ethical issues should be considered in more detail than usual, as what is considered adequate protection may differ. The concept of consent differs throughout the world. Parental consent is not legally required in China, where the state and schools are responsible for child protection. ³ Institutional review boards may impose unrealistic, over-bureaucratised demands on research teams, such as translating consent forms into various languages. ⁴ Trying to explain placebo and risk become hard to resolve. Community reactions to a study must be handled *in situ* as in Romania, where the researchers, in identifying children for inclusion in a child development study, were accused of putting the children's names on the black market for adoption. ⁸

The second phase, creating and managing international datasets, presents other challenges. Terminology and constructs must be checked for comparability and to limit bias. Ownership and access are delicate issues. Researchers may disagree on data control, but study populations, such as the indigenous Australians who assumed that data based on their responses belonged exclusively to them, must be considered.³ Researchers from different countries may also have different work and time constraints. In some developing countries, there is high staff turnover due to staff being attracted to private practice, or emigration to developed countries.⁹ Unforeseen time constraints interfered with a US-Ugandan study where daily data collection had to finish by sunset because the village had no lighting. Participant compensation may be an incentive but requires discussion between international colleagues about what is appropriate for participant time.⁵

During the third phase, the focus turns to dissemination, where different cultural expectations on authorship, interpretation and ownership of data can occur. Revising manuscripts across both languages and distances and also between different styles of academic writing and etiquette, especially the order of authorship, is more time-consuming than domestic publishing. ³ The larger number of authors in Japanese compared with US articles, for instance, may result from different national conventions for giving credit. In Japan, all professional participants in the research process can expect authorship, as occurs in France. ¹¹ Similar findings have been observed in Chile and in China, where only one-third of authors of articles published in three Chinese clinical journals were reported to meet International Committee of Medical Journal Editors criteria. ¹¹

Conducting culturally responsible research is a major factor in building research that demonstrates integrity. There is also a need to focus on building all countries capacities to handle research misconduct when it does occur (Panel). A recent study highlighted key ways to build and promote a culture of integrity and prevent misconduct. ¹²

In conclusion, crossing international borders to conduct research requires openness and flexibility, a willingness to learn the culture and cooperate against a background of differing institutional arrangements, educational backgrounds, research habits, funding patterns, and public policy concerns. Researchers must acquire skill in the manner of anthropologists. ⁴ Specifically, walk softly, spend time in the culture, get to know collaborators, observe how things happen, be less demanding and assume nothing. Cross-cultural studies can only have integrity if all this is done thoughtfully.

PANEL. Strategies to champion integrity *

1 Adopt zero toloranoo: Specify all suspected missenduat he reported and

1. Adopt zero tolerance: Specify all suspected misconduct be reported and investigated

2. Protect whistleblowers: Create, disseminate and implement protection

3. Clarify report process: Who is in charge and what are the procedures?

4. *Train the mentors*: So they can educate students on global issues of conducting responsible and ethical research

5. Use alternative mechanisms: Institutional quality standards on research should include more assessment and intervention, for instance auditing research records

6. *Model ethical behaviour*. Leaders need to repeat the message that cheating is unacceptable.

·

* Adapted from Titus et al ¹²

CONFLICTS OF INTEREST

The authors have no conflict of interest related to the contents of this manuscript. Dr. Titus's views represent her own views and do not necessarily represent the position of the Office of Research Integrity (ORI) or the Department of Health and Human Services. The ORI co-organised the Conference on Challenges and Tensions in International Research Collaborations.

REFERENCES

1. Leydesdorff L, Wagner CS. International collaboration in science and the formation of a core group. Journal of Informetrics (In Press). <u>http://users.fmg.uva.nl/lleydesdorff/cswagner07/index.htm</u>

2. Conference on Challenges and Tensions in International Research Collaborations. Minneapolis, Minnesota, USA. October 2-3, 2008. <u>http://www.international.umn.edu/oriconf/index.html</u>

3. International collaborations in behavioral and social sciences. Report of a workshop. National Academy Press, Washington, DC, USA, 2008 http://books.nap.edu/openbook.php?record_id=12053&page=4

4. Glew RH. Promoting collaborations between biomedical scholars in the US and Sub-Saharan Africa. Exp Biol Med 2008;233:277-85.

5. Musil CM, Mutabaazi J, Walusimbi M, et al. Considerations for preparing collaborative international research: a Ugandan experience. Applied Nursing Research 2004;17:195-200.

6. Altback PG. Peripheries and centres: research universities in developing countries. Higher Education Management and Policy, OECD 2007; Vol 19; No 2.

http://www.bc.edu/bc_org/avp/soe/cihe/pga/pdf/Altbach_Research%20Univ_2007.pdf

7. Balakrishnan R. State sponsored health care in rural Uttar Pradesh: grassroots encounters of a survey researcher. Sociol Bull 1996;45:87-95.

8. Zeanah CH, Nelson CA, Fox NA, et al. Designing research to study the effects of institutionalization on brain and behavioral development: the Bucharest Early Intervention Project. Dev Psychopathol 2003;15:885-907.

9. Jones JT, Degu G, Mengistu G, Wondmikun Y, Sato H, Kusel JR. Factors involved in international scientific collaborations in Ethiopia, using a research project on schistosomiasis as an example. International Collaboration in Community Health. Proceedings of the 7th Meeting of the Hirosaki International Forum of Medical Science. International Congress Series, Elsevier 1267 (2004):71-8.

10. Hayashi K, Walker AM. Japanese and American reports of randomized trials: differences in the reporting of adverse effects. Controlled Clin Trials 1996;17:99-110.

11. Pignatelli B, Maisonneuve H, Chapuis F. Authorship ignorance: views of researchers in French clinical settings. J Med Ethics 2005;31:578-81.

12. Titus SL, Wells JA, Rhoades LJ. Repairing research integrity. Nature 2008;453:980-82.