Transcultural Collaborative Research: Challenges and Opportunities

Ann L. Eckhardt
Transcultural Collaborative Research: Challenges and Opportunities

Each day nurses have the ability to reach out to people across the globe and affect changes in the health care system. Nurse clinicians, academics, and researchers have the ability to collaborate with people half a world away and make a profound impact on the health of the global society. Over the past two decades, international collaborative research has grown. With the widespread use of social media, email, and the Internet, nurses can collaborate with relative ease. Video conferencing has become an easy way to meet face-to-face and develop solid foundations without setting foot on the same continent.

In 2014, I began an international research partnership with a colleague in Tokyo, Japan. Although making the connection was not difficult, the planning and implementation phases of the research were a challenge. During our first meeting, we discussed an international comparative study, identified necessary funding and human resources, and left the meeting with a plan to move forward with the research. What I learned over the following year about international collaboration was invaluable. Although the importance of international collaboration is well documented, a guide for conducting studies that span continents is not available. The goal of this editorial is to review some challenges I encountered and help future researchers avoid making the same mistakes.

Lesson I: The Culture Divide

Prior to visiting another country, most people do some basic research on the culture they are about to enter. When I visited Japan, I read about Japanese history and culture and felt prepared for a 2-week immersion experience. Although I prepared for my experience as a tourist, I was unprepared for the research requirements in Japan. I read very little about the Japanese health care system prior to my visit and had no idea what constraints were placed on research or what requirements existed for researchers.

Once my collaborator and I met, we developed a research plan and outlined a basic protocol. I obtained the ethics committee requirements and worked with a league in the United States to translate the research protocol from English to Japanese and complete the ethics committee review documents. What I failed to realize was that a nurse, even one who is doctorally prepared, could not submit a study to the ethics committee without a physician collaborator. As we added collaborators to meet ethics committee requirements, the protocol was reviewed and new input was incorporated. Each additional collaborator's review took time, and the ethics committee process started months later than anticipated.

Working at a Magnet hospital in the United States, it is unheard of to require a physician collaborator for all research studies. The requirement of additional collaborators could have derailed my work. Although I understood there would be an ethics committee in Japan, I did not understand the process. It is imperative that researchers thinking about international collaboration include a discussion of the ethics committee process during the planning stages. The time between writing the protocol and final ethics committee approval was approximately 6 months. Knowing the extent of the necessary collaborators and the demands of the paperwork burden from the beginning may have lessened the delay in submission and allowed me to meet with more people during my initial visit to Japan.

As we planned recruitment of subjects, I envisioned the nurse researcher approaching hospitalized patients to discuss the study and obtain informed consent. I wrote the recruitment section of the protocol in a way that mimicked the protocol in the United States. What I failed to realize was that at the facility where the research was being conducted, a physician has to make initial contact and describe the study to potential participants. The requirement of physician involvement did not derail that study because my Japanese collaborator identified the omission prior to submission, but I point it out as a caution.

The ethics committee also required a completed codebook prior to submission. Although I have always written a codebook and may complete parts of the codebook prior to the study, I have never been asked by an institutional review board to provide my complete codebook prior to study approval. Although the creation of the codebook was easily accomplished, the knowledge that the code-book could not be modified after ethics committee approval was a challenge. As we developed the final codebook, we had to consider all potential contingencies especially where the medical record review information was concerned. I continually added an “other” label to the codebook to account for unforeseen information, but was told that I could not be vague in the final codebook.

The final ethics committee request was for a joint protocol which described data collection in the United States and Japan including researcher names, roles, and how recruitment and data collection would differ between the countries. The data being collected in the United States are part of a larger longitudinal study, and the ethics committee wanted to know the basics of the longitudinal study as well. Although institutional review boards in the United States are detailed in their information requests, the ethics committee in Japan was more thorough, wanting a complete description of all study components, even those outside their purview.
My advice to researchers planning international collaborations that will require ethics committee approval is to ask about the process at the beginning. Make no assumptions about recruitment, data collection or the overall review process. Do not assume your collaborator will share all of the information at the beginning of the process. The collaborator may be making assumptions about the process in the United States just as you are about the process in another country.

**Lesson 2: Budget Planning**

The planned study is a comparison of symptoms between patients in the United States and Japan using the same self-report instruments in both locations. A small grant was used to purchase supplies, pay a graduate assistant, and purchase the copyright for one instrument. The identification of appropriate supplies and purchase of supplies was a challenge. Having a collaborator identify costs and order supplies is the best option and will save time. Never assume that a collaborator has access to printing supplies and make sure to ask what will be needed for the study. Sending supplies to another country is typically cost prohibitive so work with a collaborator to obtain as many supplies as possible in the country where research will take place.

Perhaps most interesting in the supply category was an email received approximately 1 month into data collection. My collaborator contacted me because a patient was interested in participating, but did not have a pen. He was able to borrow one, but she felt that providing a pen would encourage recruitment. As a nurse, I typically have five pens in my pocket at any given time, lose at least three during a shift, and then grab a few more from the nurse's station. I would never expect a hospitalized patient to have a pen and would simply give him or her one of mine. In Japan, the nurse's station does not have an excess of pens. Nurses have a pen to utilize during the shift. I never considered the need for pens when purchasing supplies for the research. I made an assumption that pens would be easily accessible—a mistake on my part. To encourage participation, pens were purchased, and provided to each patient. Although not an excessive expense, not ensuring all research needs are accounted for prior to submitting a budget can cause major problems in the long run.

**Lesson 3: All Medical Records Are Not the Same**

As a nurse researcher, I rely on the medical record to collect data on patient history, recent lab tests, family history, and other diagnostic procedures. In the age of primarily electronic medical records (EMRs), collection of medical record data has become simple and much less time-consuming. When identifying medical record review information, many researchers consider all potential variables of interest related to the research topic and know that a large amount of detail can be collected in a short amount of time. With the EMR system, researchers can often compile data electronically negating the need to have someone review the entire chart to get the needed information.

I never thought to ask my collaborator about the medical record system at her hospital. She mentioned that they did not use an EMR, but it did not occur to me what that meant for the person completing chart reviews. When data collection began, I was astounded to find that it was taking 60 to 90 min to complete one medical record review with what I thought was minimally necessary medical record information being collected. With research assistants scheduled to complete the medical record reviews, we were faced with a major budget shortfall in the area of human resources. More hospitals worldwide are moving to EMR systems, but it is imperative that you identify how long the information will take to access and how difficult accessing the information will be at the onset of a study.

**Lesson 4: Communication Gaffes**

My collaborator is fluent in English, received her doctorate from a university in the United States, and has published in English. Although her ability to speak English is an integral part of our collaboration, we still have our misunderstandings. Prior to this collaboration, I rarely considered my word choice, use of idioms, or speed of my speech pattern. I never thought of myself as speaking quickly, but I have learned that the cadence of my speech is rapid for someone who is not a native speaker. As a native English speaker, my use of colloquialisms that do not translate into other languages is also problematic. Even if you identify a collaborator who is fluent in your native language, it is imperative that you ensure each team member clearly understands the discussion and that you tailor your speech to avoid missteps such as idioms.

In one of our very first email exchanges, my collaborator spoke of her plan to submit a grant to support a longitudinal study of "heart stroke" using similar tools. The remainder of her email referred to stroke, and I made the incorrect assumption she was interested in studying cerebral vascular accident. It was not until two emails later that I realized she was interested in heart attack and was submitting a grant to extend the scope of the study we were working on together. Although this assumption did not derail our work, miscommunication can easily derail a project. Always double check the research plan and ensure everyone is on the same page. If you are unsure what is meant within an email or conversation, always ask.

**Lesson 5: The Power of Presence**

Although a lot can be accomplished via electronic communication and video conferences, I will always prefer face-to-face meetings. It
is expensive to travel halfway around the world, but being able to meet and spend time with collaborators is invaluable. Talking face-to-face can help avoid assumptions and misunderstandings. During my last visit to Japan, I was able to meet with my collaborator, her colleagues, and visit four different hospitals. The ability to see the Japanese health care system was invaluable. I now have a better understanding of the system and the work flow within hospitals which would have been valuable information before the onset of the study. Although many resources are available online and I can always ask my collaborator for feedback, the ability to see the facilities helped me better understand how research will be conducted and the support mechanisms available to researchers.

Over the past year, I have made progress in my international collaborative work and have learned a great deal. As a faculty member at a small liberal arts institution, my research is supported, but I do not have the same resources as my colleagues at research intensive institutions. My hope is that others can learn from my mistakes and missteps. Looking back over the past year, I see things that I could have easily avoided such as not making assumptions and asking more questions, but that did not occur to me at the time. I did not know what I did not know which is perhaps the crux of the matter. After a year of building this collaboration, I have a better understanding of how to develop international research teams, and my sincere hope is that someone can learn from, and avoid, the mistakes I made. I am excited to report that data collection is ongoing in both the United States and Japan. We have set up a successful collaboration that has led to a return to Japan, multiple lectures at Japanese universities, and the plan for my collaborator to visit the United States in the near future. Each day, I learn something new about myself, about my research, and about Japanese culture. Through this experience, I have become a better teacher, a better researcher, and a better advocate for transcultural nursing.

Ann L. Eckhardt, PhD, RN Illinois Wesleyan University