

EDITORIAL

Collaborative research or research collaboration in intensive care



Investigar colaborando o colaborar para investigar en enfermería intensiva

The term “collaboration” in research often refers to cooperation on equal terms between research staff from different groups or disciplines, who undertake projects that are mutually beneficial to all.

Health science research is currently undertaken through the collective effort of many researchers and research groups, with the conviction and experience that scientific results are improved when problems are assessed from different methodological perspectives, areas of interest or knowledge. This collaboration is commonly promoted by the institutions themselves, which encourage their researchers to work with others on both national and international projects. The research projects proposed in this scenario usually focus on the transfer of knowledge to clinical practice, health services and health economics. Therefore, collaboration is often necessary between researchers, including methodologists, and the targets of research, such as patients, health professionals and managers.

The main objective of nursing research is to improve the effectiveness and efficiency of care provision and can therefore directly translate to improved patient care. But when this research is carried out with other professionals, an additional benefit is observed: familiarising other groups with the scientific role of nurses.

In the clinical practice of intensive care nursing, research problems usually relate to complex clinical situations that often require approaches from different perspectives and therefore by different professionals. The research line on early mobilisation, the *MoviPre* study, could be an example of this.¹

The SARS-CoV-2 pandemic (COVID-19) appeared as I was concluding this editorial, which, although it does not change the premises on which nursing research is based, in my opinion, there is no question that it highlights the absolute need

for multidisciplinary research, including nursing research. This collaboration, so obvious in times of crisis, should not weaken when we are no longer in such times. At the international level, it has been argued that while globalisation brings with it significant challenges (never more so than in the time of COVID-19), it also offers a unique opportunity for joint research by researchers from different disciplines and different cultures, which facilitates, among other things, an understanding of problems and how to apply them in different contexts, as we see in the way the pandemic has been handled in societies such as China, Korea and the West. Furthermore, international institutions (WHO, European Union) can establish priorities of transnational interest and promote the stable collaboration of multidisciplinary groups from different countries. However, the persistence must be flagged up, also at the international level, of ‘hierarchical models’ that do little to support the leadership and visibility of research conducted by nurses.

In collaborative research groups, research staff often find themselves at different stages of their careers and with different expectations of other researchers’ input. The persistence of ‘hierarchical’ models and our current lack of leadership and empowerment in research means that nurses are often not seen as researchers, but as having an auxiliary role in research. Let us take on leadership and give visibility to our scientific competencies to ensure, once and for all, a significant change in these roles assigned to us.

Finally, I would like to point out that, in general, before starting the project the principal investigator of the project must clearly communicate to the researchers the rights and commitments of each, and the authorship of the publications resulting from the research study. As far as authorship is concerned, it is only ethical to appear as an author when a “significant contribution” has been made, based on: a) substantial contributions to the design of the project; or in the collection or analysis of the data; b) writing of the manuscript or critical review of the intellectual content; and c) approval of the final version sent for publication; and d)

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assuming the commitment and responsibility that the author can adequately respond to issues that relate to the veracity or integrity of the published content.²

Collaboration and coordination of intensive care nursing research groups

Researchers must have the appropriate organisational structures, time, space, and resources. The State Plan for Scientific and Technical Research and Innovation includes in this regard the instruments to facilitate this collaborative research in its Strategic Action for Health^{3,4} (AES), managed by the Carlos III Health Institute. There are annual calls for this Strategic Action.

Coordinated and multi-centre research projects are the first link in collaborative research. These are usually achieved after requesting a project undertaken by a single research team. They are usually carried out with small, local samples. This is the first experience in competitive research for many groups. They then move on to undertake coordinated and/or multi-centre projects, which comprise two or more sub-projects, presented by different requesting entities, which collaborate to tackle more ambitious objectives. There are three structures for collaborative research in ISCIII.

1. The Thematic Networks of Cooperative Research (RET-ICc) are formed by several research groups, of a multidisciplinary nature that aim to undertake cooperative research projects in a specific field, such as Infectious Pathology, Cerebral Vascular Diseases, Health Services and Chronic Diseases. In 2019, there were 14 RETICs.

At this point it is important to highlight that although nurses are attached to one of the groups in these networks, these are fewer than expected and they are not set up as specific groups. And as for how intensive care nurses are represented, I believe their presence is very token and their activities are more about what I term as "collaborating to research".

It is time to explain the differences between "collaborative research" and "collaborating to research". In my view, nurses, and therefore intensive care nurses, must undertake collaborative research. In other words, we must lead, co-lead or participate in research projects that include in their objectives the provision of knowledge of interest to nurses. Often, we need the collaboration of researchers with experience and knowledge in other disciplines to achieve the desired results. Therefore, collaborative research requires that nurses be given the same consideration as other researchers. Collaborating to research is not, in my view, collaboration between equals, where the nurse plays a secondary or complementary role. In this case, moreover, the object of the research study does not usually bring significant knowledge to nursing, but rather to the disciplines or professions of the researchers considered to be principal.

2. The Public Consortium for Biomedical Research Networking (CIBER) is another structure for establishing synergies in research in various specific areas. In 2019 there were

11 thematic areas, including respiratory diseases and cardiovascular diseases.

Nurses, including intensive care nurses, must take advantage of the opportunities offered by this research structure. The challenge, as in the case of RETICs, is to incorporate more groups or more nurses into existing groups. The Health Care and Services Research Unit (Investén-isciii) is working to create a cross-cutting care research group within CIBER to facilitate interdisciplinary research at both national and international level.

3. Finally, there are the Health Research Institutes (IIS), which are the result of collaboration between the hospitals of the national health service (SNS) with universities and other public and private research centres. The aim of these institutes is to promote hospitals as research centres, assigning them instruments to answer, through scientific knowledge, questions that arise concerning patients and the general population.

In 2019 there were 31 IIS and research groups in Nursing, Health Care, or care in different diseases (cardiovascular, cancer, chronic, etc.) were identified in 19. We do not have information on any Intensive Care group, but in the Nursing Research Group-Bellvitge Biomedical Research Institute (GRIN-IDIBELL), led by María Eulalia Juvé-Udina, there is a sub-group on critical patient care.

Proposals have been made⁵ to improve the presence of groups of care researchers in these collaborative research structures:

- The ISCIII must inform the IIS that the criteria to be members are, at present, impossible for nurses to reach.
- Each IIS must have an area of care research for the ISCIII to accredit it.

This pandemic is changing many things, these changes include new funding opportunities for intensive care research, linked or otherwise to the SARS-CoV2 virus; these changes and the opportunities they open for research collaboration are worth following closely.

Throughout this editorial I have attempted to set out the concepts of collaborative research in the field of care, with an approach to intensive care. As well as to examine existing strategies and funding available for nurses interested in undertaking research projects in intensive care, with the sole objective of improving the health of the population they serve.

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