# 3 Leading and Managing your Research Project

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a primer for research capacity building for mental health and alcohol and other drug non government organisations


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Please consult the press and MHCC and NADA websites for research funding opportunities for 2007 or visit www.cmhdaresearchnetwork.com.au

# Contents

# Introduction

Non-government organisations (or community organisations) in the mental health and alcohol and other drug fields are usually heavily committed to providing front line services for people living with these issues. This leaves little if any time to invest in research and development (R&D) or research evaluation and development (RED) for strategic program and knowledge development. Indeed, funding for the latter purposes has never before been available for mental health and alcohol and other drug NGOs within recurrent funding streams. However, ad hoc funding can be available under National or State health strategies, one-off opportunities, and NGOs themselves can raise funds for their own research work. Consequently, there is need to ensure readiness and to turn NGO executive and staff attention to research and development thinking and to managing research.

This read-at-a-glance primer is one of three in a series. It aims to assist community organisations in developing readiness to design, finance and manage a research program. The series titles are:

1. Thinking 'research' – key concepts

2. Developing and refining your research question

3. Leading and managing your research program

The series also hopes to assist NGOs to prepare for fostering successful relationships when commissioning research or when initiating partnerships with research organisations.

The third primer in the series introduces governance issues to ensure the ethical conduct of a research project. Such governance builds the necessary support to the project so that it achieves a knowledge yield.

It should be read in conjunction with the other two primers.

# Research governance overview

Generally speaking, NGOs are occupied with front line service delivery responsibilities. Their boards, and the various subcommittees of the boards of NGOs usually oversee or support existing programs and services.

Because research requires different sets of skills and some 'standing back' from the every day concerns of the organisation, it is recommended that your board empower the research project to establish a project committee that is separate to, but accountable to the other hands-on demands and structures within the organisation. It may include key leaders in the organisation, but be at liberty to get on with the project and report progress at agreed intervals.

This committee is an ideal opportunity to include client perspectives as to research priorities and processes and one or more client positions on this committee may ensure a more relevant focus and a more acceptable research process within the organisation.

The governance of a research project involves the following responsibilities:

- recruiting and supporting an appropriately skilled research project committee;
- facilitating consumer/client participation within the governance of the project;
- recruiting, appointing and supporting appropriately qualified research staff;
- overseeing ethics obligations are understood and met by all;
- ensuring a research project plan is developed and that it is feasible given the funds, that it is agreed and has had expert comment where appropriate;
- ensuring a publishing plan and authorship of the final report and journal articles is agreed at the outset;

- ensuring an understanding within the committee of the obligations of ‘authorship’ vs ‘acknowledgements’;
- accounting for all funds back to the CEO or board in accordance with agency financial management procedures and policies;
- accounting for the funds in accordance with research project funder or donor needs and expectations;
- ensuring project reorientation if feasibility does not result as originally intended so that a deliverable is achieved of some sort (even if only a literature review or a smaller than originally envisaged ‘pilot’);
- ensuring dissemination of the project findings.

Because some of these items are self explanatory, only some items will be covered in more detail under separate headings below.

# Staffing your research project

Usually an organisation will need to appoint a time-limited researcher to staff the project. If you are working in a partnership with a University, the University may or may not be able to provide and recruit an appropriate researcher. They may instead resource the project with an academic with a significant teaching workload and existing research obligations. Usually each project requires in addition, a hands-on full or part-time research staff to take the project forward.

Research can be labour-intensive. Others in the organisaton may be able to do some tasks like some data entry, or help set up for focus groups or do some transcribing of interviews. But recruitment of someone with mental health and alcohol and drug related research experience to really take charge of the project day-to-day, may be challenging.

It is usually the case that a very junior researcher would be under the supervision of a senior researcher (or the project University partner) and therefore may be appointed as a *research assistant*. Experienced researchers would be more likely to take up the appointment if recruited as a *research associate* with authorship of the final report/ journal articles. Someone who is expected to do all the on-site day to day management of the project without supervision would be paid as a senior research assistant or research associate. As far as possible, research assistants and associates should have some authorship of the material produced (see authorship).

There are no fixed rules. But as a general guide, the payment would be based on a consideration of years of research experience and not just training. For instance a person with an Honours Year may be able to staff the project as a research assistant and undertake all the necessary research tasks with guidance. However, someone with a research-specific masters or a PhD will have specific research training and their years of experience will determine if they should be paid as a junior or senior research assistant or a research associate. In some states, and in some research institutes, research associates are called, 'research fellows' or 'senior research fellows'. An independent researcher with significant publishing in peer- reviewed journals might more appropriately be paid at the Research Fellow or Senior Research Fellow level (research academic level).

The NHMRC provides a pay scale for research staff. University research staff are paid on a sliding scale that is aligned to this scale. HR departments of Universities will be able to offer advice.

When considering the suitability of applicants to your research position vacancy, it is important to consider the following:

- Has the person got a primary degree in a relevant discipline in the human services, social sciences or health sciences (nursing, psychology, social work, occupational therapy, pharmacy, medical science, social sciences)? This ensures they have some background in the area and some grasp of the literature.
- Has the person done an Honours Year – this is initial research training.
- Does the person have a Masters Degree? Was it a course work masters, a research masters, or a masters with a major component of research. A research masters is almost equivalent to a PhD in some disciplines, in terms of training in research, however a shorter thesis is usually written.
- If the applicant only has the research thesis experience, and no research experience in the human services other than that, it is important to establish how relevant that thesis topic or content is to the project

➢ Is it in a relevant area that can be applied to the project?

➢ Would it have involved relevant literature to your project?

➢ Did it include the sorts of methods you are considering in your project or was it a historical or policy research thesis without any data collection experience?

➢ Did the person collect and analyse data? Are they principally experienced in qualitative or quantitative methods?

➢ How much project management did the person do to achieve the research yield?

You are seeking to find an intellectual compatibility in selecting your research staff. Their supervisors or co-authors of other projects will be important referees.

# Ethics obligations

The project research committee should ensure that the project has the necessary safeguards in place so that no person or organisation is inadvertently harmed by the project and that their privacy is respected in data management, storage, confidentiality, and reporting the findings/publishing. Ensuring ethics approval where it is indicated, safeguards participants and secures the reputation of the project, its findings and its personnel.

There are no specific NGO ethics panels. Projects should use existing ethics panels, within Universities or Area Health Services, if ethics approval is required. Some Area Health Services have specific 'mental health' ethics panels.

Some projects may require **both** University and Area Health Service Ethics Panel approval. For example, a project that plans to recruit people from outside the current clients of an NGO,(say those also using NGOs in another district, or local GPs, or people locally or anywhere in households or the general population who are not using services, or people leaving local emergency departments) may need to obtain University Ethics clearance then provide a cc copy of the clearance to the Area Health Services the project covers. Some Areas will require a separate consideration by their own Ethics Panel in addition to knowing it has the approval of a University.

If the partner agency is an Area Health Service, and not a University, then the Area's Ethics Panel will apply, not the University's. If the partner agency is a private research company or consultant, Area Health Service Ethics Panels would be appropriate.

Some projects that plan to recruit participants from multiple sites across NSW may require ethics clearance in more than one Area Health Service, especially if those persons are to be recruited from the clinical populations of service users of Area Health Services.

Ethics approval need not be onerous and can be progressed while you are recruiting research staff. At the end of the day, more participants may take part because the project commences with high credibility and a sense of safety for those involved.

Ethics approval can be obtained as follows:

## AREA HEALTH SERVICE ETHICS PANELS

- Area Health Services each have an Ethics Panel and a required form. They meet monthly to 3-monthly or as needed.
- Advanced notice to the Chairperson should be given to get your project on the agenda. Obtain Chairperson advice as to the necessity of formal approval.
- Consumer advocate letters of support to the project, or one from the Area Director of AOD or Mental Health may assist approval.

## UNIVERSITY ETHICS PANELS

- University partners would submit the application for the project.
- Only require ethics consent if human research likely to be intrusive.
- Obtainable on application under their relevant School, Faculty or Department.
- Ethics panels meet monthly or as needed.
- Between 9 and 12 copies of the proposal go to the Chair of the Committee on a set University Form.
- If the project is intrusive in any way, letters of support from consumer advisors as to the necessity of the project, or its acceptability to clients likely to participate may assist.
- Keep in mind that these panels are made up of senior academics who will not necessarily have a background in AOD or mental health. Some may automatically assume high risk to participants with cognitive difficulties in giving consent to participate.

Where a project requires ethics panel consent, it may be that the intrusiveness of the research has to be justified, and that the panel is assured that any risks, including psychological risks to the participants, are prevented, managed or minimised. Further, the participants should be made aware of these risks. Providing debriefing or follow-up support may be indicated.

| ETHICS COMMITTEE APPROVAL NOT NEEDED | ETHICS APPROVAL LIKELY TO BE NEEDED |
|---|---|
| Literature and policy reviews | Interviews of people with or having had mental illness or AOD issues or both. |
| Content analysis or documentary analysis of policies, procedures, campaigns, training materials, websites, consumer information brochures, venues, notice boards, training curriculum and program materials. | - |
| Interviews of staff within the NGO that are not intrusive or sensitive to which they consent and are not coerced into participating. | Interviews of staff of external agencies (eg GPs, Area Drug and Alcohol, Area Mental Health). |
| Analysis and reporting of existing data routinely collected by an NGO where consumer consent had been obtained or is subsequently obtained. | Analysis and reporting of existing data routinely collected by an Area Health Service or other service provider– principally required to safeguard the dataset and to access it. |
| A project evaluation of existing routine programs or a new program of the NGO | Generally there is less need for ethics approval for 'evaluation' vs 'research'. Notifying the relevant stakeholders is still advised so that they know that the evaluation is taking place and can advise if ethics approval is needed. |
| Interviews of NGO members (they have already given consent to participate in the organisation's activities) | Interviews of people in a household survey or in the general community |
| File audits if done internally by a staff member of the agency that owns the files. An NGO reviewing the NGO's own files may need consumer consent but not ethics approval. | File audits by external researcher of the clinical or service files of clients when they were service users of hospital or other Area Health Service, GPs, or other NGO services. |
| | All experimental research |

Of particular interest to ethics considerations is the extent to which participants give consent and have capacity to give consent without coercion. Threats to capacity include:

- Poor written and spoken English
- Poor literacy
- Cognitive impairment
- Psychosis
- Drug and alcohol caused impairment
- People currently vulnerable eg clients presenting in crisis

Your partner University or Area Health Service will provide advice as to the requirement of your particular project and its need for ethics clearance. Check your project method against the following checklist, which contains the key ethical considerations in most projects requiring ethics panel clearance:

| YES/NO | ISSUES |
|---|---|
| | Why is the research necessary? What new learning will be achieved? |
| | Is written consent of participants to be obtained |
| | Will consent be obtained without coercion or inducement? |
| | Will participants be paid – will this be an inducement? |
| | Are participants to be informed they can withdraw consent at any time<br>Is there any requirement in the study design to deceive participants? |
| | Will consent be given without fear that services will be withdrawn if the person does not participate? |
| | Will consent will be obtained for the collection and use of the information for this specific research project purpose? |
| | Can you guarantee the secure storage of data once collected and lawful disposal of research data and that data management meets requirements under NSW legislation about privacy, personal information<br>and personal health care information? |
| | Will interviews be audio-taped, videotaped and/or transcribed? Will written consent be obtained for this further to general consent?<br>Will there be risks to the participants during or after participating in the research? How will these be managed and minimised? |
| | Will there be risks to staff members and others involved in the research? |
| | Will interviews be conducted by suitably trained interviewers? |

Finally, there is the ethic to ask consumers and workers or the community about research priorities in relation to the setting and needs of the agency. Research may be for 'enquiry sake' because novel findings sometimes emerge by accident merely because a topic was 'interesting' rather than 'necessary'. But peoples' time should not be wasted. You should consider the fit of the new research with what is already known in the published literature about the topic. Consider how external stakeholders will review the published findings and will they too see it as relevant and useful in the wider industry.

# Leading the project

Some key issues for leadership of a research program are really ones of style not necessarily of substance. In all research projects, regardless of the method chosen, the following issues apply to successfully leading a research project to its conclusion. The chairperson of the research committee with the lead investigators should consider the following.

- Providing leadership to ensure support to the enquiry process.
- Providing collegiate teamwork and learning together.
- Providing time to enable learning – research takes time!
- Inclusiveness of research participants where this is appropriate to the method and study design.
- Facilitate organisation-wide learning once the project is completed so that the findings are used by the agency (new practice is considered, or new research is stimulated).
- Assist the NGO to develop tools and processes that facilitate a valuing of information in its journey to becoming research 'knowledge' ie build research thinking, values and capacity within the NGO.
- Safeguard the use of the findings: new practice should emerge only if the findings are robust and sufficient enough to warrant change.

# Disseminating findings

Research Primer number 1, 'Thinking Research: Key Concepts', introduced dissemination as a key issue in undertaking research. Unless there is major sensitivity in disseminating findings, most research and development projects have an ethical obligation to disseminate findings to relevant stakeholders. Within Health Department-financed research, there is an expectation that the output of the research will be an internal report at least, and hopefully, a publishable short journal article in a mainstream industry journal. But there is no guarantee that journal articles will be accepted for publication.

Some key issues in disseminating your findings include:

- University or Area stakeholders should not be permitted to publish from the study without the consent of the NGO.
- A partnership spirit would include joint publishing by authors from the NGO and from the partner agency.
- There is an obligation to inform stakeholders internally to the project and the NGO (usually those who were interviewed) about the findings. This can be done in a short brochure, by summarising the key points. A summary might also be placed on a website or newsletter.
- Internal information sharing of this kind must be limited so that it does not compromise your organisation's potential to be published in the external literature. The benefit of external literature is that it is registered on an international bibliographic database so has a legacy internationally.
- A way of managing this is to have a **publishing plan** so the committee and board decides in advance what sorts of findings can be published where and with what level of disclosure. This avoids what is called 'superfluous publishing'. The latter means repeat publishing of the same material. Sometimes there is so much to report that two journal articles can be achieved.
- You should not tell media about your findings until your findings are published in a journal article.
- Conferences are another way to publish and disseminate findings as are specific stakeholder meetings.

# Authorship

Universities provide guidance on the principles of authorship for academics participating in research. NSW Health also has guidelines to guide employees of the Department. 'Authorship' and 'intellectual property' are not the same. NGOs should be clear by reading relevant policy on these issues specific to NSW Health and to the Area Health Service or of the University where the partner agency is a University. Sometimes your research funding contract may specify that the intellectual property belongs to the funder and not to those conducting the research. This is usually negotiable. It is useful if intellectual property rights can remain with the NGO wherever possible so that the material can be reused if appropriate.

There are internationally recognised traditions and ethics regarding authorship. Custom varies from faculty to faculty and between Universities to a small degree with regard to authorship. Your academic partners on your research project may have preferences about where to publish and the order of authorship. There are several issues outlined below.

**Definition**

Sometimes many people are involved in the study and some may assist with tasks such as data entry, but this is not sufficient to qualify for 'authorship'. The latter would suffice for 'acknowledgements'. The Medical Journal of Australia provides a note of guidance:

'Authorship should be based on substantial contribution to a) concept and planning the article, or acquisition of data, or analysis and interpretation of the data; b) drafting the article or revising it critically for important intellectual content; and c) final approval of the version to be published. Conditions a), b) and c) must all be met, and each author must be prepared to take responsibility for the article. If publishing in a journal, authors may be asked to sign a declaration to this effect'. *eMJA Advice to authors submitting manuscripts.*

Thus, each author takes a share of the work, or critically appraises the work once drafted by one person, but has sufficiently engaged with the research process conceptually and critically to be able to

defend the article or report in public. The person who obtained the grant for the research does not automatically qualify as an author.

Personally identifying authors can be an encouragement for them to publish further as it gives recognition. The name of the NGO should be identifiable somewhere in the publication such as the contact for enquiries, or in the title, but not necessarily as 'author'. Sometimes a group name can be an author such as 'XYX Project Development Team'. The authors would still be listed at the end of the article if there are too many for the top.

**Journal requirements**

If you are publishing in a journal, some have limits on the number of authors. Unless it is a field trial or multi-site large-scale study, it is unusual to have more than five authors on most studies. Most have two or three. Some journals will specify the number permitted.

**Order of authorship**

The order of authorship can sometimes be a sensitive issue. There are no strict rules and as the MJA suggests, 'Order of authors should be the joint decision of all authors'. In some disciplines (eg Pharmacy), the last author is understood to be the key contributor whereas in other disciplines, the first author is considered to have taken the lead in the article or the drafting or the study as a whole.

Authorship is an important incentive to give recognition of intellectual contribution. Academic careers / promotions are structured through authorship. Not only this, where they publish can earn more recognition points. For instance presenting at a conference provides fewer points than publishing in a journal. Usually a peer reviewed international journal scores more points. Being first author scores more points.

If more than one publication can be generated reasonably from the study, the first author position can reasonably be shared between contributors between the multiple papers and reports.

**Gift authorship**

Gift authorship is generally frowned upon. This is where a team gives authorship to an esteemed colleague or the president of the organisation where that person does not meet the definitional guideline for authorship given above. It may occasionally be

acceptable, for instance, if a person contributed, then became ill or left the study prematurely, or died, then gift authorship may be acceptable if the person contributed at least in part to the study.

**Contributors**

Where people have made a significant contribution but do not meet criteria for authorship, then they may be listed as a 'contributor'. This is viewed as contributing more than those listed in the 'acknowledgements'.

**Acknowledgments**

Funders **of the study** (not of the NGO)should be acknowledged in your article or report as different to the funders of the organisation as a whole. If you are funded by an agency where there is perceived conflict of interest, that is separately stated under 'Conflict of Interest' heading at the end of the article, and it is declared or stated that there is no conflict.

Other people to put under acknowledgments may include those who critically reviewed the drafts but who are not authors, administrative staff who organised events such as focus groups or who contributed to significant data entry or the preparation of graphs, consumer advisors or others on the committee where they did not get listed as a author.

**Defining a 'publication'**

A publication is defined in academic settings as an academic poster, report, chapter in a book, DVD or multi-media, conference paper, book or journal article, or being the editor of a book. Newsletter items are generally not considered 'published'.

Taking these avenues into consideration, an inclusive approach can still be taken.

# Example participant consent form

THE UNIVERSITY OF ……**(Logo to be inserted of both organisations)**

## PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

Title of Study: _____

**You are making a decision whether or not to participate. Your signature indicates that, having read the information provided above, you have decided to participate.**

…… ……

Signature of Research Participant Signature of Witness

…… ……

(Please PRINT name) (Please PRINT name)

…… ……

Date Nature of Witness

……

Signature(s) of Investigator(s)

……

Please PRINT Name

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**REVOCATION OF CONSENT**

I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of……., *(other participating organisation[s] or other professional[s]).*

…… ……

Signature Date

……

Please PRINT Name

*Where the consent form should be sent (eg fax number) at entry or at the point of revocation of consent should be provided. The form would be given with user friendly-looking information about the study and why it is important, either as a one-page sheet or as a brochure. It should outline why the study is important, what is expected of the participant, and inform about privacy and any risks associated.*