

RESEARCH PREFERENCES AMONG MEDICAL ACADEMICS

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Research culture is one of the critical issues of academic staff development. The purpose of this study is to conceptualize the preferences about research among medical academics in an Iranian medical university. Unfortunately, among medical academics, the consideration on research culture is little through the lenses of research preferences research culture. In this study, one of the main aspects of research culture denominates as research preferences. Methodologically, qualitative study from 2012-2014 in an Iranian medical university reveals the different aspects of research preferences. Twenty-two academics participated as the key informants to reflect the different aspects of research preferences. The findings of this study reveal that research preferences were configured by core phenomenon of financial preferences with three secondary level dimensions. These dimensions that relating to the financial preferences were: physiological, safety, and esteem criteria. Consequently, recognizing and leading the preferences about research are essential to improve research culture to develop academics in their research.

Keywords: Culture, Research Preferences, Academic Member, Medical University.

1.0 INTRODUCTION

In the current state of Iran, the government highly emphasized on developing medical borders. Noticeably, Comprehensive Scientific Map of Iran (CSMI) and Vision 2025 reflect this sensitivity in medical research. Sequentially, several medical universities in Iran developed their own Scientific Maps in line with CSMI to accomplish Vision 2025. Based on the universities' Scientific Maps, Iran must be the first country in the region in medical research both in quality and quantity. Even if Iran achieves the acceptable level of research publications, yet there is an immense uncertainty of the quality in research (Balash, 2015). Karimian *et al.* (2012) in their study brought the obstacles for doing research at medical universities in Iran. Their findings show inefficient human resources and inappropriate research culture that impede to achieve a certain number of publications and satisfactory level of research quality.

Essentially, according to some experts there are bilateral directions between research culture and academics' capability to do research (Schein, 1985; Hill, 1995; Thompson, 2003; Girot, 2010). Hence, in this study scrutinizing and magnifying research preferences as one of the critical dimensions of research culture seems beneficial and instructive as to accomplish medical academics' research development.

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According to Thompson (2003) the research culture is a common language and interpretation of research in an organization. The academics' shared values in each department created the particular clan culture in the faculties. This culture influences the quality of research as one of the academics' duties, particularly in the medical faculties (Bower *et al.* 2007).

Explicitly, the research developers and planners should consider the importance of research culture to provide an appropriate condition to generate efficient academics. The lack of attention to this subject may hinder the understanding of other concepts or even subjects (Jenkins *et al.* 2007; Hopwood and Stocks 2009; Smith and Fernie 2010). Specifically, the understanding of different dimensions of research culture is the practice that researchers do not appropriately study in the medical faculties. Several authors frequently mentioned the term research culture (Hill, 1995; Thompson, 2003; Girot, 2010; Becher and Trowler, 1989; Dauber *et al.* 2012); however, they rarely paid in-depth heed on extracting the dimensions that develop research culture.

Thompson (2003) stated that the values, beliefs, norms, preferences, and behaviors form the dimensions of research culture. Among these dimensions, there is not any evidence fully to elaborate research preferences. Regarding the concept of preference, Sagiv and Schwartz (2007) indicated that the preferences of different members in line with the duties and tasks influence the culture of organization. According to Zemsky (2013) academics' collective actions and eagerness builds faculty culture at universities. These two factors could support the concept of research preferences. Additionally, Zemsky (2013) stressed that the preferences of the different departments are the turning point of culture for any changes. Schriener (2007) found that academics' preferences from clinical practices affect their transition into their community and academic environment. Therefore, research preference is one of the dimensions to change research culture in medical faculties. Dissecting the research preferences reveals the different sub-dimensions in this specific study ground.

2.0 MATERIALS AND METHODS

We conducted the study between 2012-2014 and designed based on qualitative approach in order to come up with the deep understanding from the data. We used various sources for the data collection such as documentation, observation, open-ended questionnaires, and finally interview. We extracted different factors through three levels of open, axial, and selective coding with constant comparison tactic to analysis.

We chose the ground of the study in one Iranian medical state university. Also, we collected the main data through twenty-two interviews and 44 open-ended questionnaires. Regarding the interviews, seven of them roughly 31.81% of the participants, were high managers, includes two research deans (I-19 and I-20),

two deans of clinical centers (I-1 and I-12), two heads of research centers (I-14 and I-17), and one dean of a faculty (I-11). We interviewed an equal number of seniors and juniors, which includes twelve senior lecturers (54.54%), four associate professors (18.18%), and six full professors (27.27%). Fortunately, the snowball sampling helped the researcher to have different types of specialties for interviewing. The specialties comprise of four gynecologists, four cardiologists, two oncologists, three otolaryngologists, four ophthalmologists, two pathologists, one anesthesiologist, one neurologist, and one urologist. The distribution of female and male academicians was not equal. Thirteen female academics 59.09% and nine male academics 40.90% are in the age range of 34 to 61 years old. Moreover, juniors' years of experience varied from four months to four-year experience. The coming section outlines the findings from qualitative analysis and configures the connections of different dimensions of research preference.

3. RESULTS

The researchers found that research preferences highly depend on a phenomenon of financial preferences. This phenomenon also supported by different elicited dimensions such as physiological criteria, safety criteria, and esteem criteria. Interestingly, these criteria are in line with Maslow's theory of hierarchy. According to him the initial levels in his hierarchy are the prerequisite needs for higher levels (Herbst 2006). In this study, financial preferences with three criteria are the initial needs to have actualization in research development. According to the data, probably the current state of academics at initial levels; physiological criteria, safety criteria, and esteem criteria is the main reason that prevents the research culture in medical faculties.

3.1 Physiological Criteria

Two concepts assist in concluding the physiological criteria, respectively, cost-benefit actions and money properties. With regards to cost-benefit actions, the majority of academics compare the earnings from clinical activities with research activities. Inconsiderable money from incentives of the papers in front of daily income from visiting commission and monthly income from private clinical activities is probably one of the main reasons to treat research activities as a non-beneficial matter for medical academics (I-10, I-19, I-10, I-14, I-20). Moreover, we deduce from the data that achieving and concentrating on money prosperities seem at the top priority for the academics. Also, cost-benefit actions affect academics' money prosperity. To support the concept, one of the seniors stated,

“Unfortunately, the majority of academics are engaged in clinical and money affairs. They find their prosperity in financial matters rather than their prosperity in research/academic achievement” (R-20)¹.

3.2 Safety Criteria

We found several concepts to support this dimension such as economic crisis, change working model, and career stability. According to the data, economic crisis is one of the main factors to threaten the academics' approach toward research and research projects. The following excerpts may reflect the crisis situation:

“In recent years, heavy sanctions on Iran have brought instability in the country economics in different aspects. Since, research type in the medical area, in high frequency is RCT (Randomized Control Trail), basically importing expensive and needful material from overseas faces many constraints. The issue of importing and budget controlling in all universities because of sanctions, delimitate the research activities. Therefore, academics prefer to strengthen their own shelter to save money to pull down the safety risk” (R-17).

It is understandable from the above statement that academics are not stress-free in threatening environment; therefore, they prefer to work in non-research activities to get more money to guarantee their safety need.

Regarding working model, the data shows working model has changed from knowledge-based model to earning model. The condition of the centers propels neophyte academics toward focusing on money achievement. For instance, research deputy of university said that research is prestigious, but this prestige is not equal and comparable to earning from clinics. Therefore, gradually juniors are going to forget research duty. If someone works just one year in earning model, research will pass away. Even if he/she was a researcher before, she/he does not prefer to do research in earning model atmosphere that brings higher level of safety (I-20).

We highlighted the concept of career stability because of the government and universities emphases on research. According to the data, currently in medical faculties the career promotion highly depends on research publications. Moreover, medical universities should competitively attract the different types of funding sources, especially the governmental funding. Therefore, academics expressed that they are under pressure from increasing emphases of their medical universities for doing research as to achieve a certain number of publications. To fulfil the demands of publications, some academics prefer to purchase papers from different sources such as peers or other countries. A typical statement from one of the deans may reflect the issue:

“By purchasing papers, some academics can accomplish a number of needful publications that demanded from university. Unfortunately, some academics believe they can do business on research by selling the publications”(I-20).

3.3 Esteem Criteria

We considered the esteem criteria as the last dimension to support financial preferences. Noticeably, we elicited two concepts to support the esteem criteria; namely, compatibility of profession and desired prestige. Broadly, based on the

elicited concepts, we related compatibility of profession to the earning criteria at professional level. For the majority of academics, earning from research is not enough in their profession. Therefore, they believe money from research is under the standard of their academic status. As one research dean of the university said:

“We need to see whether research just for research is good or bad. Human beings work for their own benefits..., earning has a specific level in this profession, and we need to get the specific target of our salary. Noticeably, few professional researchers can get high amount of money form research....” (I-19).

Last supportive concept of the esteem criteria reflects in academics’ desired prestige. According to findings, financial prestige changed academic prestige, which is one of the esteem signals. The typical excerpt to confirm the phenomena is coming below:

“For a junior lecturer as a gynecology surgeon or an ophthalmology surgeon, although at the beginning of recruitment in this university, the normal monthly salary is about 30,000,000 Rials², he/she can earn 300,000,000 Rials extra income from clinical activities. Although research can bring academic prestige, it is not comparable with the financial prestige that can be achieved from clinical activities. Therefore, academics prefer to get prestige from their money and belongings than research reputation” (I-20).

Sketchily, we elaborate the concept of financial preferences as to explain research preferences. According to other experts, values and the importance of matters in any communities are the roots for emerging research preferences (Meyer *et al.* 1993; Closs and Cheater, 1994; Cameron and Quinn 2005). Unfortunately, they mentioned to the preferences and values hastily without explaining the different dimensions of preferences. In this study findings show that the values and matters of medical communities strongly depend on financial preference. The strength point of this study is to explore different aspects of financial preferences in an Iranian medical university. It seems that in this university, financial preferences with three physiological, safety and esteem criteria configure the research preferences. Hence, there is an urgent need to provide new standards and policies by university as to change the faculty members’ actual preferences in financial stance to ideal preferences in academic stance.

4.0 DISCUSSION

The importance of research culture in order to provide an appropriate condition for efficient academics is the key factor that research developers and planners should consider in their strategies for research development. Research is one of the indices of Vision 2025 and CSMI in Iran that research culture hastens the development of this index. In order to understand research culture, considering the main components of research culture seems necessary. Financial preferences

strongly influence the research preferences that are the target component of this study. By dissecting the financial preferences, the existence of three dimensions of physiological, safety and esteem criteria is perceptible in an Iranian medical university. On balance, the financial supporting lever probably accelerates the slowness of research development through optimizing the research culture. It is possible to add other levels of needs when the planners and faculty developers try to have a comprehensive plan for research development.

Notes

1. "R" is the code for data from open-ended questionnaire, and "20" was the number of participants in our list.
2. 1 Rial = 0.000033 USD

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