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Challenges of cross-cultural research: Lessons from a U.S.-Asia HIV collaboration

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Abstract

Many Asian countries have scaled up their research to combat human immunodeficiency virus (HIV). HIV experts from the West have teamed up with these countries to assist in designing research protocols and providing necessary training. In this paper, we document the formation and maintenance of international and interdisciplinary HIV research collaboration among cross-disciplinary researchers working in the United States, Taiwan, and China. We conducted international social-behavioral HIV studies in several major metropolitan areas in Asia. Culturally sensitive issues that could be attributed to social and disciplinary differences have emerged throughout the collaboration process, including questions of who should be the research leader, where should resources be allocated, how should tasks be shared, which topics are valuable for investigation, and what survey questions are allowable. There is now a window of opportunity for greater international and interdisciplinary collaboration; however, for such collaboration to flourish, team dynamics in international research collaboration should be carefully identified and managed before studies are begun.

Keywords

China; Collaboration; Culture; HIV; International; Taiwan

Global research collaborations are important for combating infectious diseases worldwide, and this is especially true for the human immunodeficiency virus (HIV) epidemic. There have been reports documenting the experience of conducting collaborative HIV research in Africa (Theobald et al., 2009). In Asia, similar research collaborations are underway, with many researchers and medical professionals traveling from the West to work with Chinese

and Taiwanese HIV/AIDS specialists on a variety of research projects (Li, 2011). International nursing research has been increasing steadily, particularly in mainland China (Li, Wei, Liu, & Tang, 2009).

Taiwan and China are both currently experiencing an HIV crisis (Ministry of Health People's Republic of China, Joint United Nations Programme on HIV/AIDS, & World Health Organization, 2009; Taiwan Center for Disease and Control, 2010). In China and Taiwan, with emerging HIV pandemics, a critical window of opportunity exists for collaboration among Western, Chinese, and Taiwanese researchers to design, implement, and evaluate programs to provide quality care to people living with HIV/AIDS (Li et al., 2011). Success in this endeavor has the potential to increase medication efficiency, prevent HIV drug resistance, and improve the quality of life for individuals affected by HIV/AIDS—but that success will depend on the ability of international health care researchers to forge partnerships with local researchers and health care providers and attend to key cultural factors that shape patient health behaviors. Unfortunately, practical examples of how to bridge cross-cultural gaps between research, policy, and practice are scarce. The aim of this paper was to first analyze existing field notes and research diaries and then, on the basis of that analysis, suggest ways to resolve methodological differences among U.S., Taiwanese, and Chinese researchers that may arise before, during, or after research collaborations.

In terms of national identity, Chinese living in Taiwan are considered Taiwanese, although ethnically the two groups are the same. Although Chinese and Taiwanese share many similarities in culture, they differ in many significant ways. For example, the health care systems were very different, with Taiwan's being a universal, government-supported system and China's being largely private and work-related health insurance with some governmental support (Ma & Sood, 2008). With the creation of Taiwan's national health insurance program in 1995, health disparities in Taiwan have decreased dramatically (Davis & Huang, 2008). In China, by contrast, provincial and local hospitals are in charge of funding local facilities' operations. A survey conducted by the Ministry of Health in China showed that more than one-third of the population in both rural and urban areas chose not to seek government-provided health care because they considered it unaffordable (Project Team of the Development Research Center of the State Council of China, 2005).

Despite the differences, there are many cultural similarities between Taiwan and China, and these carry over into the area of health care. In both cultures, for example, people value family highly (Cao, Sullivan, Xu, & Wu, 2006), keep family secrets inside the family (especially those that may carry stigma, such as psychiatric diseases and HIV) (Jin et al., 2006), and tend to respect authority figures such as doctors and government officials (Chen et al., 2007).

Building and maintaining productive international HIV research collaborations is a challenging task, especially when that collaboration spans cultures. In addition to any language differences, other preexisting contextual factors can profoundly impact the relational dynamics of the collaboration (Stokols, Misra, Moser, Hall, & Taylor, 2008). Several critical research contexts are important to know before building the collaboration. First, it is important to understand that HIV research in China and Taiwan has been dominated by the biomedical paradigm (Zhou, 2007). Because HIV/AIDS is treated in both societies as a physical disease—although one with great cultural and moral implications—health care providers trained in the biomedical paradigm are granted the greatest power to generate the scientific body of evidence needed to influence local health policies and improve HIV care (Hsu, 2001). Also, there are few behavioral researchers positioned to contribute to the social and behavioral sciences.

Second, as the result of historical developments in these two Chinese-speaking societies, there is a clear power hierarchy among different health care professions (Lee, 1982). At the top of this power ladder are administrators and physicians, who supervise all other health care and allied professionals, such as nurses, case managers, psychologists, and social workers (Normile, 2009).

Third, compared with the United States, these two societies are more male-dominated and familial-collectivistic (Hwang, 1998). Unlike collectivism in the commonly understood sense, which assumes power sharing among a group of people, the Chinese style of paternalistic-familial collectivism (Zhan, 1999) emphasizes hierarchical power relations within the family and other social organizations. Within the context of Chinese culture, structures of social organization are parallel to those of the family, in which a senior male member takes a leadership role and has the final say on all major decisions (Jiing-Lih & Bor-Shiuan, 2000). Similarly, within the health care institutions of both these societies (China and Taiwan), senior administrators and/or physicians usually make the final decisions for all the other health care workers. This is very different from the interdisciplinary collaboration that takes place in individualistic cultures like that of the United States. In the United States, HIV research collaboration may be mentored by senior researchers; however, at the same time, junior researchers and allied health professionals can still enjoy great autonomy and contribute critically to the decision-making process (Gair & Hartery, 2001).

Finally, during the upheavals of the Cultural Revolution in China (1966–1976), much research infrastructure was destroyed and research generally lost focus. The official government position of that time was that scholastic research and formal education should be sacrificed in favor of decreasing social disparities between intellectuals (like physicians and nurses) and the main part of Chinese society (Wan, 2001). Both what was taught at university, and how it was taught, were subordinate to political objectives.

Since China's return to the world community in 1978, there have been marked changes in the academic culture of the Chinese educational system. These changes reflect the larger cultural economic, social, political, and ideological transformation in China (Lu, 2006). During the Cultural Revolution, Taiwan stayed open to the world and aligned itself strongly with the Western biomedical model.

Keeping these social and cultural contexts in mind, we documented the formation and maintenance of the interdisciplinary HIV research collaboration in which we were involved in the United States, China, and Taiwan. We focused on critically analyzing which factors facilitated or obstructed the research partnership.

Sources of Analyses of Challenges and Collaborations

During the past decade, our research team has conducted several international social behavioral HIV studies in major metropolitan areas in China and Taiwan. These studies involved more than 500 HIV-positive participants and connected us, as researchers, with more than 20 health care providers. During this period, the researchers stayed in the field for a cumulative total of more than 6 months. While studying in the field, we carried out multiple tasks to facilitate the research, including administrative work, training study protocols, and data collection. We also recorded extensive field notes and kept research diaries to document research progress and to communicate with research team members. Whenever two or more of us were concurrently in the same field location, we would meet and have lengthy discussions every night to monitor research progress, interpret and understand difficult situations, and develop strategies for troubleshooting.

In addition to drawing on our field notes and diaries, this paper also draws information from other research documents, including meeting minutes and communication records, as well as different versions of measurements from these projects. The researchers independently reviewed all the documents and then discussed their interpretations of each major event documented in the notes and other documents. Any discrepancy in interpretations was addressed (and resolved if possible) by further discussion and triangulation using supplemental documents between the U.S.-based researchers and the Taiwanese/Chinese collaborators. Whenever disagreements arose, the U.S.-based researchers discussed the situation openly with their colleagues so that each side could better understand how culture was influencing the way they had chosen to manage the issue in question. These discussions continued until consensus was reached among researchers from all sites. Later, we reviewed our experience with this culturally aware resolution process and identified the strategies that had worked well. At the same time, we pinpointed critical events where we could have improved collaboration, because we understood that if collaboration had been better at these junctures, it could have shifted the trajectories of some research projects as a whole.

Findings and Discussion

Ten years ago, many U.S.-based Chinese bicultural/bilingual researchers working on HIV-related topics began reconnecting with former colleagues in Taiwan and China to explore potential collaborations. These researchers traveled to Taiwan and China several times to meet with their colleagues, who introduced them to high-level government health officials such as province-level center for disease control and prevention directors and infectious diseases nursing directors. During these initial meetings, researchers from all three countries expressed an interest in collaborating on specific topics such as mental health in the HIV-positive population. Collaboration then informally began, and the U.S. scholars started drafting a research proposal with input from their collaborators in China and Taiwan. While development of the research protocol and training manuals was underway, the collaborators met again in China and Taiwan to discuss all aspects of planning.

Ultimately, the objective of the collaboration was narrowed to improve mental and physical health outcomes among People Living with HIV/AIDS in China and Taiwan. Collaborators from both sides (U.S. and Asia) would be at least master-prepared nurses or medical doctors, with public health and/or formal postdoctoral research training in China or in the U.S. The research collaboration spanned six institutions in six different locations: Beijing, Shanghai, Taipei, Seattle, New Haven, and Chicago. All the researchers that we describe in this paper had been devoting from 20% to 50% of their work time to these collaborative projects. All had been involved with the projects for at least 4 years by the time their work was summarized for this writing. We recruited 230 HIV-positive individuals in Taiwan and 295 HIV-positive patients in China, for a total of 525 of study subjects.

Strong and meaningful collaborative relationships between researchers are fundamental to all research collaborations (Stead & Harrington, 2000); however, given the significant cultural differences involved in this project, forming strong relationships among the research partners involved special challenges. Good intercultural and interdisciplinary communication and decision making were key to overcoming these challenges (Katsouyanni, 2008).

One important step in building collaboration is to form a committee consisting of researchers from both sides to discuss and make decisions on important issues (Lewis, Callahan, Kellermann, Marx, & White, 1998) such as study design, budget management, and publication. However, differences of opinion can arise as to whom should. In the United States, the usual practice is to invite only those personnel who are most relevant to the

proposed study. In the context of the institutions we visited in Asia, this practice is sometimes seen as too elitist and can even be regarded as disrespectful. In that context, the paternalistic-collectivist cultural norm requires that senior administrators be invited to participate on the committee, regardless of their level of involvement in the research. The underlying cultural assumption here is that senior administrators, as the people “most representative” of the institution, are entitled to oversee all the institution's activities, including research projects run by nursing or other allied health departments. In the United States, senior researchers with less direct involvement are sometimes named but usually not departmental chairs, deans, or provosts. In China, individuals with such elevated administrative status may be invited even if their contributions to the research are quite peripheral. This practice of inviting senior administrators to the research collaboration committee symbolizes the researchers' respect for the power and leadership of the administrators and is done in deference to their responsibility for oversight at the institution.

The following episode illustrates this interprofessional dynamic. During our efforts to find potential collaborators, one of the U.S.-based researchers contacted a chief nurse in charge of the HIV outpatient clinic at a hospital specializing in infectious diseases and asked her about the possibility of establishing a research partnership. She was concerned that we had contacted her directly, and worriedly told us that we should contact the chief executive officer of the hospital, because “he would definitely want to take part in the research so that he could get credit for it.”

Although it would not necessarily have been a bad thing for the research partnership as a whole, inviting senior administrators from collaborating health care institutions onto the committee posed challenges for subsequent research activities. It's important to remember that, in the Chinese system, the status and power of senior administrators is significantly greater than that of other health care professionals. Given Chinese cultural norms about courtesy and respect for authority, the presence of such an administrator on a research committee has the potential to shift the dynamics of the research partnership and give rise to contention over leadership and decision-making power within the group. And this is in fact what happened. This was most salient in negotiations about allocating resources, sharing workload, and delivering disseminating results.

Two topics that evoked a great amount of negotiation within the group were how to share work duties and how to ensure the quality of the work. The research team as a whole relied on the U.S.-based collaborators to provide training on research knowledge and techniques. In most cases, the U.S. team designed the studies, whereas the Chinese team provided critical feedback for revisions of methods and then implemented the projects (Laudel, 2003). Although this process was accepted by our partners, the mechanisms used to ensure research quality generated some tension. Because the government-sponsored health care system in China does not allow for hiring an outside research coordinator on a temporary basis, most of the research activities had to be conducted by permanent clinic staff. This meant that the implementation of studies had to be integrated into their existing work schedule (Simoni et al., 2011). The U.S. team wanted to offer ongoing support as needed, but we had to be careful about how these offers were made. Too much “supervision” from the U.S. research team was considered to be an impingement on the Chinese team's autonomy of practice.

Another topic that triggered disagreement was resource allocation. Restrictions on hiring hospital personnel made it difficult to secure research staff who could be fully dedicated to study activities. Hospital staff paid for research work often received little compensation for the extra time and effort they had to put into the projects, which they did in addition to their ordinary clinical duties.

Another tradition is the “business banquet,” that exists both in the business and academic culture. Food sharing in Chinese culture is a highly valued activity and one that reinforces a harmonious *guangxi* (relationship) between two parties to a proposed venture (Wu & Tan, 2001). Thus, the senior administrators at the research sites usually will host one or more lavish banquets for this research team to illustrate the generosity and willingness to bestow *geimianzi* (face or social standing, reverence) (Yang, 1994). As one of the Chinese research staff told us, “We Chinese always talk, build relationships, and make decisions at the dinner table.” It is important for the foreign researchers to reciprocate at times, although NIH restrictions on food and alcohol do not allow for these types of expenditures.

Also, there were differences of opinion about whom we could recruit for studies. Over the past century, developments in the social and behavioral sciences, including incorporation of modern probability theories and other philosophical reasoning into study designs, have enabled social-behavioral scientists to better generalize their findings (Black, 1999) and to reach more comprehensive understandings of interviewees' life experiences (Marshall, 1996). However, in practice, many factors, such as feasibility issues, can compromise researchers' efforts to recruit representative samples. This has been especially true for research collaborations—as it was with ours. In many cases, our Chinese research staff prescreened potential participants and came up with a list for each day. According to the Chinese researchers, they did this to help us; they wanted to *zhunbei* (prepare) the cases so as to avoid “problem participants” who might decline the survey or reveal other issues not related to research (Butler, 1983).

It happened in the research staff who were not familiar with random sampling procedures and inexperienced with research. In addition, the onsite staff didn't want these “unrecruitable” participants to disclose something that the onsite staff did not expect. Therefore, “saving face” can imperil the research process.

During the negotiation of research designs, both sets of researchers compromised on several tasks, including deciding which research objectives were worthy for investigation, which questions should be asked on survey instruments, and who should be recruited for the studies. Although sometimes involving protracted debates, this is a valuable part of collaborative research. For example, to accommodate researchers' interests from both sides, we expanded the studies' aims at times.

Another issue in study design was the necessity to balance a variety of opinions from different parties. To optimize the cultural sensitivity of the measurements, it is advised that the scales be reviewed by local experts to check their cultural relevance and feasibility before actual implementation (Alegria et al., 2004). However, when collaborators representing different cultures have strong preferences on certain questions, how can all opinions be taken into account while protecting the rigorousness and integrity of the study? This can happen when one side is concerned about saving face by trying to avoid the collection of data that may prove politically unfavorable. In one case, one of our collaborators urged the research team to take off an item from the survey. The collaborator reasoned that as “this issue does not exist anymore ... it is meaningless to ask this question.” Although we later decided to take the item off because it was not part of our core research interests, this decision had an immediate consequence. The omission of this option contributed to substantial missing values regarding this particular item. For the Chinese, it removed the possibility of reporting the occurrence of an activity that had been officially banned.

At this point, the U.S.-based team sought a compromise solution that would maintain standardized practices and ethical guidelines while showing our appreciation for our

collaborators' good intentions. With the onsite collaborator, our solution was to work from the list but recruit some additional participants as well. We also randomly invited other patients in the ward to participate, with good success.

In collaborations, after data are collected, critical issues often arise in regard to the ownership of data and the authorship of publications. Ideally the data collected are the results of collaborative efforts and are shared by all the parties. Moreover, a publication committee can be formed jointly by members from all the teams to strategize the publication process (Albert & Wager, 2003). Among researchers in the West, authorship guidelines vary considerably by discipline and journal but in behavioral sciences, assigning authorship on the basis of actual writing contributions is considered the ethical way. The Western perspective assumes that only those who make specific individual contributions to the analysis and interpretation of data and composition of reports should receive credit (Biagioli & Galison, 2003). Although there are exceptions such as “gift” and “ghost authorships” (Laflin, Glover, & McDermott, 2005), in which authorship also serves social-relational functions, in general, ethical guidelines in the Western research community stipulate that authorship be assigned based on the several authors' contributions (Davidoff et al., 2001). There is good reason for this: it protects the integrity of scholarship and maintains accountability for the research findings.

Nevertheless, this perspective on authorship does have underlying assumptions about fairness and intellectual property rights that are individualistic and may thus be alien to the Chinese collectivist ethical system. Their systems for weighing contributions and assigning credits and authorship can both deviate significantly from ethical codes firmly held in the U.S. research community. Because they had limited experience in the world of Western-style academic publishing, our collaborators in Taiwan and in China sometimes expressed the belief that U.S. researchers, “just stay in the office, play with the data, and come up with papers,” which illustrates how their ideas about fair attribution were different from those of the U.S. team. In both Taiwan and China, the norm is for collective (and more publicly visible) efforts to be valued over individual (less visible) contributions; therefore, it is often the academic institution that is granted the greatest credit.

Because senior administrators are usually given leadership of individual projects (in addition to their role as representatives of the institution), they prefer to serve as the corresponding author, and can enjoy significant additional prestige related to specific projects (Fuyuno & Cyranoski, 2006). Thus, it is an common practice for senior administrators to serve as the corresponding authors (Shao & Shen, 2011).

This perceived ethical conflict in assignment of authorship and credit engendered tension between the research partners. Yet, there is a way to reconcile the two systems. To give credit and corresponding authorship to the senior administrator signifies not only respect for their contribution to the project and their status as the leaders of their institutions, but a recognition of the efforts made by the institutions that are under their leadership (Sandoval et al., 2011). Accordingly, U.S.-based researchers agreed (though sometimes reluctantly) to authorship attributions as proposed by the Chinese.

The Chinese collaborators sometimes requested more recognition for the institution as a way to show respect for the leadership and institutional effort the institution had devoted to the research project through managing the work flow, recruiting participants, implementing the interventions, and collecting the data. In response, we offered our collaborators most of the corresponding authorships and considered co-listing them as first authors. Moreover, we explained to our partners the rationale of the U.S. publication system and assisted them in evaluating the costs and benefits of such practice, with a special emphasis on possible

negative consequences of giving authorship to individuals who had not actually done any writing. As we explained, these consequences might affect not only us, but them as well. Although we compromised with them in some instances, we usually insisted on making our case for crediting only those who had done actual research and/or writing.

Conclusion

In this article we have explored the relational dynamics in international and interdisciplinary HIV research collaboration. Conditioned by differences in cultural assumptions about (a) leadership, (b) courtesy and ethics, (c) balance of power among health care professionals, (d) international politics, and (e) the design of public health care systems, our research partnerships with Chinese collaborators sometimes led to disagreements and adjusted the teams' research priorities as reflected in delicate negotiations that were required at many points throughout the course of the collaboration. These disagreements were manifested most prominently over decisions regarding budget, work share, research designs, and authorship. Although some of these disputes could have occurred in any research collaboration—as evidenced by controversies over authorship that plague nearly all academic studies—this particular collaboration was further complicated by its international and interdisciplinary nature. Diverse cultural assumptions about courtesy and fairness required us to navigate ethical dilemmas regarding budgeting, participant recruitment, and even assignment of authorship. Differences in health care systems between the United States, China, and Taiwan further required us to be responsive to our collaborators' requests for a greater share of the study implementation and acknowledgment of their collective efforts and achievements, as reflected in issues of subcontracts and authorship.

Although, in this article, we aimed to disentangle the various contextual factors that influenced our collaboration with research partners, we tried not to generalize our experiences to other research partnerships. We truly believe that each research collaboration is unique and deserves its own development path. Moreover, in addition to whatever contextual factors may be at work, there could be more powerful factors operating on the individual level, such as the personalities and habits of individual research team members, that are determinative to the course of a specific international and interdisciplinary HIV research collaboration (Stokols et al., 2008). Furthermore, despite the fact that, in our analysis, we have described in detail relational tensions between the U.S.-based team and our Chinese partners, we do not attempt to impose any moral evaluation on these situations or their outcome. Instead, we have strived to present and analyze the differences in cultural and social systems that created ongoing challenges to our cooperation. Since “differences will be differences”—we believe that it is not necessarily as important to resolve these differences as it is to acknowledge and understand them as an important first step in forging and maintaining productive international and interdisciplinary HIV research collaborations in the future.

Given that many of the ethical conflicts described in this paper have their origins in deep-seated cultural and social differences, we do not believe there is any universal antidote for the challenges they pose. However, we can offer some general suggestions for other researchers as they attempt to navigate similar situations. First, it is crucial for researchers on all sides of an international collaboration to maintain sensitivity to differences between countries in the areas of cultural assumptions, health care systems, and power dynamics. Researchers should be aware that social, cultural, and even institutional factors can shape both the direct and indirect contexts for any international research collaboration (Stokols et al., 2008). Second, research collaborators must prepare for unexpected changes to the original research and writing plans to accommodate dissenting views from the various “sides,” especially when those sides may have different research agendas, political

preferences, and cultural presuppositions about etiquette and equality. Third, it may be helpful to appoint a liaison with bicultural training to facilitate between-group communications and truthfully present agendas of all sides. In addition, training in research and ethics within the research team is a key to ensure a success project. Fourth and finally, research collaborators must expect disagreements to emerge in the course of research collaboration, especially in international and interdisciplinary research contexts. A proactive approach to discussing issues before they come up, check in frequently to see how collaborators are feeling as direct disagreements are often avoided and have written policies regarding authorship based on standard guidelines, struggles over a “fair share” of research credit, authority, resources, and so on, need to be handled with a maximum of cultural sensitivity, a commitment to communication, and diplomacy. This is the best strategy for ensuring the success of international research collaborations.

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