

# EDITORIAL



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## Why does research performed in health care institutions matter and should be rewarded?

There are several lessons to take from COVID-19 pandemic and one of them is the unavoidable importance of scientific research.

In a way that has never been conceivable before, we watched a great effort in bringing the world's scientists and global health professionals together to accelerate the research process, and to develop new standards to contain the spread of the coronavirus pandemic and help care for those affected. This demanding task required not only full-time researchers and scientists working in pharmaceutical industries, but each health care practitioner. COVID-19 pandemics made us physician-scientists: when addressing the best evidence-based practices in COVID care (for those in charge of infected patients) or when learning how to proceed adequately in the health care environment, limiting transmission during work, while taking care of every other non-COVID patient. We were asked to report how the situation was going in our hospitals, to confront several sources of information, to evaluate its quality and to adapt our practice using that information.

Research produced at health care institutions is the backbone of critical thinking. It is relevant to influence national health policies and to improve service delivery and health outcomes<sup>1</sup>. This states not only for the COVID-19 pandemics but to everyday care. Research from health care institutions will inform about institutional monitoring and evaluation and will allow leadership to respond to local as well as global health problems<sup>1</sup>.

While being overflooded with many clinical tasks, physicians are under a huge pressure and often lack the

time and capacity to take part in medical research<sup>2</sup>. Furthermore, research is always seen as an unnecessary or secondary task and there is no protected time for research considered in the Portuguese legislation, as opposed to countries such as Belgium, United Kingdom, Switzerland and Australia. Trainees are encouraged to perform research during their internships as part of their curricula. Very often, even institutions that receive interns lack structured research development programs to support the way they frame their research, the questions asked, and the biases brought<sup>2</sup>. Once the trainee becomes a specialist the stimulus to engage research activities is further shrank. While clinical responsibility raises, the time and capacity to start and maintain a project that is amenable to be supported by a grant is almost unachievable. This is even harder for surgical careers, knowing that the number of surgeries performed is an important determinant of funding for hospitals. On the other side, despite the benefits that research can bring to an institution, there is no reward for institutions that publish their results, not even when accepted in high-impact peer-reviewed journals. This lack of recognition and compensation for the academic progress is another serious pitfall that prevents medical research to develop and achieve its goals<sup>2</sup>.

The expected post-pandemic recovery funding offers an unprecedented opportunity to overcome these limitations<sup>3</sup>. Overall, research in health care institutions could benefit from: a) protected time for research-related activities, allowing joint clinical/research working schedules; b) institutionally led structured career development pro-

grams, that could provide specific funding to training programs and address research fields considered of interest to the institution; c) opportunities for collaborative research, that do not require full-time research dedication.

It is important to emphasize that protected time does not need to be a lifelong commitment<sup>4</sup>. The attribution of protected time should be dependent on attaining certain research outcomes such as publications, grants submissions and/or obtaining access to external funding. Even when it requires one's institution to forgo clinical revenue or directly supporting research salary and supplies, the obtaining of external funding makes the personal and institutional rewards of protected time realized.

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## REFERENCES

1. Nakanjako D, Akena D, Kaye DK, Tumwine J, Okello E, Nakimuli A, Kambugu A, McCullough H, Mayanja-Kizza H, Kanya MR, Sewankambo NK. A need to accelerate health research productivity in an African University: the case of Makerere University College of Health Sciences. *Health Res Policy Syst.* 2017 Apr 21;15(1):33. doi: 10.1186/s12961-017-0196-6. PMID: 28431554; PMCID: PMC5399829.
2. Azevedo Soares C, Incio J, Reis Ferreira M, Barbosa-Breda J, Páris L, Sandoval JL. Sobre o Futuro dos Médicos-Cientistas Portugueses [On the Future of Portuguese Physician-Scientists]. *Acta Med Port.* 2016 Dec 30;29(12):793-795. Portuguese. doi: 10.20344/amp.8388. Epub 2016 Dec 30. PMID: 28425881.
3. Barbosa-Breda J, Leal I, Sousa DC, Soares CA. Why Should SARS-CoV-2 Post-Pandemic Recovery Funding Be Used to Foster a Physician-Scientist Program? *Acta Med Port.* 2020 Sep 1;33(9):628. doi: 10.20344/amp.14421. Epub 2020 Jul 15. PMID: 32669183.
4. Barnard JA. Protected time: a vital ingredient for research career development. *J Pediatr Gastroenterol Nutr.* 2015 Mar;60(3):292-3. doi: 10.1097/MPG.0000000000000693. PMID: 25564815.