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Moving the Needle—What Does RSAP Look for and What Does it Aim to Do?

Research in Social and Administrative Pharmacy (RSAP) has been privileged to be part of a growing contribution of scholarship from researchers in pharmacy practice/social pharmacy, worldwide. Just prior to and since the first issue of RSAP was published 15 years ago, numerous other journals have emerged in our discipline. Today, scholars have a greater number of venues than ever before to submit their work. Additionally, many researchers aim to publish at least a portion of their work outside of pharmacy for relevant audiences in medicine, nursing, business, sociology, psychology, education, and even engineering, among others. These are all positive developments and serve to advance the innovation, talents, and prowess of pharmacy researchers as well as showcase their scholarship to the most suitable audience, be it other health providers, regulators, professional organizations, educators, and/or the lay public. There are also numerous scholarly texts in the discipline to assist its constituent members demonstrate contemporary content, processes, and theories used in the study of practice and social and administrative pharmacy.

Despite many strides, the discipline (collectively pharmacy practice and social pharmacy) faces new challenges in advancing the field. The inherent nature of our discipline is to adapt from health, social, business, and other sciences. These disciplines contribute greatly to knowledge and to well-being; however, as constituents of the so-called “softer” sciences, they face continuous struggles with establishing their paradigm, often refusing to acknowledge any “givens” as fact, and thus perpetuate attempts to recreate the wheel.^{1,2} Moreover, given that our discipline deals with human behaviors and attitudes within the context of broader ecological paradigms accounting for differences across nations in wealth, systems structures, available resources, and cultural beliefs, we find ourselves having to account for these differences in our research, thus necessitating some level of repetition and needed inquiry of various phenomena around the world. For example, the structure-activity relationship of a new angiotensin II receptor-blocker may not vary so much between people of different countries and regions. However, willingness-to-pay for pharmacy services might indeed vary tremendously across these same regions because the pharmacy services themselves will differ as will patients’ prior experiences with the pharmacist, the pharmacist’s roles in these regions, the medication-taking beliefs of patients, as well as their income, level of insurance, and ability to afford these services, in addition to many other factors.

This is not to suggest, however, that every research idea merits equal consideration for study. Even while science demands a constant re-evaluation of the relationships between phenomena governing the known world, we must forge ahead on new frontiers to advance knowledge and move past pre-occupation with re-verifying established tenets with little added to that study, save for it being conducted on yet a different population. Sometimes called “me-too” studies, just as we have so-called “me-too” drugs, RSAP upholds a standard for research papers that they provide new, unique, and discernible contributions to the extant literature. RSAP receives many papers, for example, on medication adherence. The number of papers published on medication adherence is vast. Given the ubiquitous nature of medication nonadherence, RSAP will not prioritize papers simply describing nonadherence to a particular drug, or drug class; for that matter, we will not prioritize papers examining adherence among a particular subpopulation of people in specific disease states that does not help us understand the theoretical underpinning of adherence. The aim of science is theory; and we place a higher value on theory-based research aimed to approach nonadherence in an entirely new way. A conceptual or methodological paper with the proper foundation and support would be prioritized, as

would the results of an innovative intervention or a study evaluating the effect of momentous policy changes affecting the accessibility of medications on adherence. But again, another descriptive piece informing the reader about the proportion of patients who are nonadherent is definitively further down our list of priorities, as would an intervention previously shown to be ineffective in other populations. The example given here relates to medication nonadherence, but the same applies to many other commonly researched topics, such as pharmaceutical care, medication therapy management, clinical pharmacy services, medication wastage, transitions of care, other patient preferences and behaviors, and so on. Again, providing a clear distinction for what the results of the study, or the new method or concept contributes to the current body of knowledge is absolutely paramount for publication consideration, and we believe, for the advancement of pharmacy practice, itself. This certainly does not preclude descriptive research, but that research has to present unique knowledge. Our invitations to prospective reviewers might differ based upon various situations, but we typically ask them to comment and make recommendations on whether the study provides new insights, that the methods are appropriately rigorous and clear to the reader, and whether it is possible to translate the study findings to locations beyond where the study was performed.

RSAP is an international journal. The Editor is reminded of an instance during a continuing education program where he was told of the difference between “multidisciplinary” and “interdisciplinary”, wherein the former indicates a number of professionals from varied disciplines each doing their own thing, while the latter suggests cross-cutting work and coordination among these professionals. Similarly, we view a multinational journal as one that publishes articles from authors around the world that often have context and implications only from within their own country or region. However, we consider an international journal to be one that publishes papers originating from anywhere in the world but whose context is broadly applicable to any reader from anywhere ELSE in the world. Hence, we prefer articles with a theoretical perspective/approach whose results contribute entirely new knowledge. We desire our articles to have interest among ALL of our readers, not just a few of them. Whereas in other venues, one might be encouraged, for example, to name the country of origin in the title, we take a different view. Readers will find out soon enough in the paper where the study was conducted. If a paper meets our thresholds for publication, then it does not matter to us where the study originated. It was either good enough to publish, or not. Thus, if a paper has to clarify in its title the country/region/state/city where the study was conducted, it is likely too context-specific and likely not novel enough for us to prioritize. If we do not expect American authors to name the U.S. in the title of a paper, why should persons from other countries have to do so? There are exceptions of course when speaking of national programs that could potentially be adapted by other nations, such as Australia’s Home Medicines Review and the U.K.’s Health Living Champions programs.

Additionally, the rigor of the design and methods of the study are critical. While we caution against re-inventing the wheel, we welcome papers that can effectively argue that the previous wheel was broken, or deflated. New insights on a foundational/conceptual underpinning, methodological inquiry, design consideration, or analytical approach are more than welcome and likewise serve to advance the discipline, the profession, and the patients we serve. Even if not breaking “new” ground, per se, RSAP will continue strict evaluation of design and methods. We are happy not to impose any a priori rules such as a certain response rate on survey questionnaires or number of interviewees in qualitative research. Rather, the adequacy of methods, design, sample size calculations, and analytical approach are weighed in total for each paper we consider. But again, we will adhere to a rigorous evaluation.

Quantitative surveys will not be prioritized without evidence of construct validity and reliability. Qualitative approaches will not be prioritized without evidence of trustworthiness and at least comments on authenticity. RSAP published a paper asking if “we” (pharmacy practice researchers) are up to the challenge of conducting qualitative research with rigorous methods.³ This paper alerted us that, to a large extent, we are still not sufficiently incorporating theoretical frameworks in qualitative research addressing pharmaceutical health services. Another concern expressed by Lau and Traulsen which we share is the use of qualitative approaches to investigate phenomena about which we already have considerable insight and thus do not need additional rich data. For example, a qualitative study whose ultimate conclusion is that “. . . patients with diabetes face significant challenges to be adherent with their medication” cannot be ascribed a high level of priority, as the main argument made in that paper is already common knowledge. However, the example given here should not lead one to think that this sort of thing happens only with papers reporting the results of qualitative studies. Other approaches (eg, surveys, secondary data analyses, field observations, mixed methods, conjoint analysis studies) have the potential to explicate rich and unique findings, and many investigators are conducting “me-too” studies using these approaches, as well.

We also see too much “salami-slicing”, where what could have been a terrific paper was sliced into 2-3 papers, sometimes even more. Pharmacy practice is still a “small world”, and our editors and reviewers are excellent at finding recently published papers from the authors that bear far too much resemblance to the paper we are evaluating. One good paper will likely be cited much more frequently than the sum of its weakened parts.

Still, the poorest papers are those that are never written. Sometimes scholars become a bit too pre-occupied with the next whiff of data. Certainly, original research contributions are the epitome of science and will remain the backbone of what RSAP publishes. Yet, sometimes the needle is moved further by a review or meta-analysis to succinctly describe where we have been and what remains to be done, though certainly not another review when others on the same topic have already been undertaken. Additionally, given that we have many pharmacy practice researchers around the world with keen expertise having been in a given literature for years and years, there is a paucity of good commentary and editorial pieces written. Some of RSAP’s most highly cited papers in the past few years have been commentaries. When constructed well, they get readers to think, or entirely re-think a given situation; or otherwise, they might also serve to challenge the status quo or make a foundational argument for new approaches. Many researchers already have the knowledge, literature, and wherewithal to proffer excellent thought pieces. They just need to put pen [keyboard] to paper.

Pharmacy practice/social pharmacy as a discipline is only a few decades old. While some pessimists might view us as marching in place, researchers, educators, and clinicians have accomplished plenty in these few decades, and there is much to which we should be proud. RSAP was founded as a vehicle to help further advance the discipline by publishing theory-driven and methods-intensive work and commentary. We are excited about the recent progress made by our constituent scholars and look forward to the years ahead. RSAP hopes to keep moving the needle forward. We warmly invite your submissions that will help us in doing so.

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