

THE LESSONS LEARNED FROM THE COVID-19 PANDEMIC: A REFORMED RESEARCH CULTURE NEEDED FOR THE NEW MALAYSIA

by A/Prof. Dr. Chew Boon How



January 2023

Vol. 3 Issues 20

Page 510

The world was indeed gone into a rapid rotation of change by the coronavirus disease 2019 (COVID-19) pandemic since the history is ever recorded. Civilisation evolution, cultural shifts, empires influences, political changes, economy fluctuations, religions purification, family life morphosis, psychosocial impacts and challenges to the personal value systems have never seen so intense and in high density of destructive and reconstructive forces like that endowed by the COVID-19. In both hindsight and foresight, there are plenty valuable insights for the possible eventualities of another pandemic if our research capacity and uses of scientific evidence do not improve.

The pandemic exposes the existing hopeless research culture in many research institutions including universities that do not live up to the onslaught of external challenges and demands. When the contagious virus begins to spread, there was no alarm or quick response from any expert or working group of experts from the universities and governmental authorities, much less concerted effort on the look for causes of the event and medical management of the disease. Many actions were reactions. The reactive reports and description of COVID-19 situations/cases were almost always based on scientific data from other countries, mirroring the formats and patterns of those overseas, and the response speed is relatively slow compared to the events transition of the pandemic. This reactive behaviour shows the real substance of the researchers and research capacity in the universities and research institutions of how clueless most were in facing new diseases, new data and new knowledge. Without proper research on the local situation and appreciation of the data appearing from the local settings, our response was over-reacted in the early pandemic and under-reacted in the later movement control orders.

“Without proper research on the local situation and appreciation of the data appearing from the local settings, our response was over-reacted in the early pandemic and under-reacted in the later movement control orders.”

Many public health measures were but much a showcase of parroting the international public health and clinical guidelines or that from another country. Certainly this was desirable to be followed when the objectives and outcomes are proven and applicable such as in the all-out national vaccination program against SARS-CoV-2. This has proven to be nation-saving strategy. Nevertheless, the vaccination program that followed fixedly and almost blindly on the recommendation of vaccinating the elderly with chronic diseases before the younger population who are economically and socially more active by nature and by duty did not serve us well when the new variants caused equally severe COVID-19 and higher fatality among the productive adults. The countries that prioritised their older citizens fared well because of having unlimited supply of vaccines and people of all age groups could be jabbed at almost the same time. The National Recovery Plan was another example of actively passive plan that relied in getting enough doses of vaccines, that the vaccines are well-received by more than

80% of the citizens, and that the vaccines would protect against contemporary SARS-CoV-2, its emerging variants and subvariants that have appeared or worse variants going to appear.

"... knowledge of the viral infection and pathophysiology in the human body is indispensable in the quest for an effective cure for COVID-19 or ways to eradicate the virus."

Inability to understand the features and behaviours of the virus has caused us to fall behind the innovation of vaccine production and new modalities of detecting the SARS-CoV-2 and its related diseases. This frontier and theoretical knowledge of the viral infection and pathophysiology in the human body is indispensable in the quest for an effective cure for COVID-19 or ways to eradicate the virus.

Not just that the research capacity is low among many stakeholders of biomedical research in the country, the ability to apply scientific evidence produced is also poor as it is often seemed to lack thoughtfulness of local contexts such as the socio-environments and cultures. Additionally, the courage in putting those evidence into action is tiny and almost always resting on the official guidelines and not from conviction by critical appraisals of the emerging evidence of varied sources [1]. For examples, is the public sanitation exercise with anti-septics so crucial as if it was needed to add to the power of the ultraviolet sunlight in a tropical country in order to deactivate the virus? How long could the antiseptic solution last in the efficacious concentration when sprayed everywhere believing it would do its job for a long duration? Were theories of factors for community spread and herd immunity based on evolving facts, or on outdated lecture notes/textbooks and imagination? Are the SOPs of 3Cs and 3Ws in open spaces supported by evidence or adequately taking into account the local socio-geoclimate conditions? Unnecessarily over-strict SOPs caused lost in compliance, diminishing psycho-social and economy wellbeing in the society. Could the physical distancing as equally safe at a nearer distance, or a farther distance is needed during exercises and indoors? Does single masking instead of double masking protects our population as well? Absent of direct evidence from the local settings in all these aspects making translation of newly available evidence blunt and risky such as that seen in the application of different movement control orders and their SOPs. This could also explain the half-hearted application of the evidential recommendations on the approaches to vaccination in certain population groups for safety concerns, interval of vaccine jabs and mixture of different vaccine types, as well as the reopening of closures, and loosening of SOPs among the vaccinees.

Evidence-based practices require the appreciation of a set of established skills that will not just realise from slogans or having a science-based political party but are gained from a professional training and from regular practices of it. The reality is true academic spirits have left the hearts of many academics, and academia has been little else but income-generating activities for institution, or earning revenues from clinical services in order to just to sustain and survive the operation of teaching institutions and hospitals [2], producing publications (nearing to journal impact factors worshipping) from 'convenient' researches and

"The reality is true academic spirits have left the hearts of many academics, and academia has been little else but income-generating activities for institution, ..."

amount of research grant without due attention to and proper regards of the content of the publications and research, respectively. Inefficient use of different categories of staff or experts might cause under-performance of the academics and researchers [3].

For a quicker return of academic spirit to local universities, the desirable research culture has to be injected into the Malaysian Research Assessment metrics (MyRA) which is

"For a quicker return of academic spirit to local universities, the desirable research culture has to be injected into the Malaysian Research Assessment metrics (MyRA) which is currently over-emphasising on the quantity of products and outputs, less on the quality evaluation of them, "

currently over-emphasising on the quantity of products and outputs, less on true quality evaluation of them (such as impacts on life and living) but over-relying on convenient metrics such as journal impact factor, and far from assessment of the producers or the processes. It has also bred a generation of professors who are game-players but not game-changers in science, engrossed in self-satisfaction, an illusion that are useless to the nation-building and human advancement. For the healing of sickened or corrupted systems that mar the institutional performance, it will further require the staffs, stakeholders and their leaders to admit, accept and aware of the reality of themselves as exposed by the

pandemic. Then, to be courageous in facing the real problems, taking a scientific approach in overhauling all problems and problematic systems, and persevere even when the initial recovery process is painful and hasn't produced any result. The successful principles should be to embrace diversity and inclusiveness, cherish true spirits of academia, cultivate real expertise, producing high-quality research [4], and to take the highest caution to avoid race-based policies and favouritism culture in administration that breed incompetency and unproductivity that intoxicate creativity and innovation of universities and research institutions. The right persons to the right positions is the proven winning principle in the world even more so during the health emergency such as that during the pandemic when survival of life and reputation of universities/institutions are at stake. With the nanoenemy that knows no skin colours or religious affiliations in its opponents, neglecting this absolute factor in meritocracy in the universities is a sure blindness, ignorant, devilish and could cause extinction of an establishment including a university.

"... be courageous in facing the real problems, taking a scientific approach in overhauling all problems and problematic systems, and persevere even when the initial recovery process is painful and hasn't produced any result. ... embrace diversity and inclusiveness, cherish true spirits of academia, cultivate real expertise, producing high-quality research, and to take the highest caution to avoid race-based policies and favouritism culture in administration that breed incompetency and unproductivity that intoxicate creativity and innovation The right persons to the right positions..."

The critical areas the universities and research institutions should improvise include flexibility in task reorganisation, ability to observe dynamic changes and to be effective in internal interdisciplinary coordination, and external intersectoral collaboration. Flexibility in the institutions to mobilise researchers and facilities to combat the battles is the most crucial. Assignment or reassignment of duties has to be based on skillsets and expertise not solely on fairness in task distribution in the departments or centres. There are different specialists and experts to be given different responsibilities. Kindergarten kind of fairness where everyone is given the same number of tasks disregards of the staff professional training and experience is a sheer stupidity and of the lowest level of fairness that is even abhorred by the ancient philosophers and the modern capitalists. Fairness in task distribution is not equality in expertise or ability. Next, continuous updates on the dynamic situation have to be given due attention by a dedicated team of personnels who must have the required experience and expertise, adequately supported with needed resources for the task and encouraged with timely recognition. Internal coordination of the changes in duties in a short period of time would be a real mess when it has to be done swiftly but not handled with an overall convincing plan, sound logic, clear explanation, communication skills that engage the staff. The helpful preliminary to the effective communication is the track records of the leaders, reliable leadership, working ethics and model that are reputable and known to the staffs. The administrative skills of tasks prioritization has to be honed and incorporated in meticulous planning both in the management board members and every category of staffs. Otherwise, the feeling of time pressure would haunt and dampen performance quality. Isn't it a simple logic that those who own something (better is in abundance) can only give it to others? When there is present of better expertise elsewhere, collaboration across disciplines and sectors are to be actively sought after and welcomed if approached by the others. These should be perceived as shared resources, shared responsibility and all collaborators are to be valued as compatriots instead of to be treated with lukewarm working attitudes of hesitancy, pride and self-interest.

Almost all the aforementioned personnel qualities are cultivated years earlier before a crisis could be dealt with high chance of success. Therefore, academics and staffs in universities must be of high quality [4], this would in turn bring about quality work/performance and can be expected to deliver shall a need arise (again). The experts joined forces in collaboration is a combination of strengths of the members and not to be conceived pethetically as a coverage of weaknesses of someone or worse, a manifestation of incompetent specialists who prescribe impotent remedy for the ailment of the day.

References

1. Greenhalgh T, Fisman D, Cane DJ, Oliver M, Macintyre CR. Adapt or die: how the pandemic made the shift from EBM to EBM+ more urgent. *BMJ Evid Based Med.* 2022;27:253-260. doi: 10.1136/bmjebm-2022-111952
2. Meador KJ. The Shrinking Roles of Clinical Research and Education for Academic Neurologists. *JAMA Neurol.* 2022;79(9):837-838. doi: 10.1001/jamaneurol.2022.1892
3. Schindler BA, Novack DH, Cohen DG, Yager J, Wang D, Shaheen NJ, Guze P, Wilkerson L, Drossman DA. The impact of the changing health care environment on the health and well-being of faculty at four medical schools. *Acad Med.* 2006;81(1):27-34. doi: 10.1097/00001888-200601000-00008
4. Boon-How Chew. High-quality Research- True Academics-Real Experts movement concept. *RECRUS Res. Newsl.* 2021; 1(10):120-124. Access on 09 Jan 2023, https://hpupm.upm.edu.my/upload/dokumen/20211224151710High-quality_Research- True Academics- 24122021.pdf