

Letters to the Editor

Perceived Barriers to Clinical Cardiovascular Research Involvement in Canada



To the Editor:

Community cardiovascular practitioners face real barriers to clinical research involvement, which in turn affect patient representation and patient care.¹ The aim of this letter is to serve as a call to action to address potential barriers to clinical research involvement.

In order to capture a range of perspectives, experiences, and perceived barriers, we conducted a survey, in French and English, from June 2018 until January 2019, and distributed it to all Canadian Cardiovascular Society members. We sought participation from those involved in clinical research, regardless of their current clinical status, in order to gain a variety of insights. Eligibility criteria included being a cardiologist, cardiac surgeon, cardiovascular medicine trainee, or cardiovascular practitioner or researcher in Canada.

A total of 56 questionnaires were completed. Thirty-three respondents (58.9%) were current clinical medicine practitioners, 15 (26.8%) were not currently active clinicians, and 8 (14.3%) were trainees. A total of 40 and 16 respondents practiced in academic and community settings, respectively. The majority were from Ontario (69.6%), followed by Alberta (10.7%) and Atlantic Provinces (7.1%).

In all, 95% of academic respondents were actively involved in research, compared with 81.3% of community respondents. Similarly, most respondents had been involved in one or more research studies within the past 5 years (95.5% vs 85.5%). Most of the respondents (82.5% academic, 93.5% community) indicated their desire to improve current research programs at their institution. Notably, 56.3% of community respondents had no formal research training, compared with 7.5% of academic respondents.

Respondents in both academic and community centers considered lack of time (64.3%) and lack of resources (57.1%) to be the major barriers to research. Other important perceived barriers included lack of remuneration for research (32.1%) and lack of appropriate research collaboration (21.4%; Table 1).

The survey results show that cardiovascular practitioners in the community have an interest in increasing their clinical research involvement, but many continue to face significant barriers to research participation. Our study has some limitations, including a small sample size and selection bias. Nevertheless, our findings shed light on an area that has received limited emphasis and provide a Canadian

Table 1. Barriers to research identified by survey respondents in academic and community centers

Barrier	Academic (40*)	Community (16*)	Total (56*)
Lack of time	24	12	36
Lack of resources (ie, research infrastructure, statistical support, research assistants)	20	12	32
Lack of research remuneration	12	6	18
Lack of research training	4	3	7
Lack of relevant research topics	0	1	1
Lack of appropriate research collaboration	7	5	12
Lack of available and appropriate patients	7	1	8
Potential for negative influence on patient-doctor relationship	1	0	1
Loss of professional autonomy	0	1	1
Other	4	1	5

*Maximum number of responses possible.

perspective to compare with similar studies from other countries.^{1–4} Further studies and initiatives are needed to study and address such barriers in a larger and more representative population, with special focus on funding, training, and infrastructure.

Ethics Statement

This research has adhered to the relevant ethical guidelines.

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