

*Original article*

## **Coproduced Research in Health and Welfare with a Focus on Cooperation between Thailand and Sweden – a Scoping Review**

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### **Abstract**

**Objectives:** The aim of this scoping review was to explore coproduced research between Thailand and Sweden within the area of health and welfare, through identifying the origin of data collection, topics and methods of analysis, and the quantity and frequency of the collaboration based on the affiliations of the published articles. **Methods:** The study design was based on principles for scoping review studies. A systematic literature search was conducted to identify research articles in the field of health and welfare starting from the first identified article up to and including 2018, in two databases, Scopus and Web of Science. A total of 116 articles were identified, of which 43 fulfilled the inclusion criteria and were included in the review. **Results:** The first of the studies found was published in 1993, but more than half of them have been published in the last five years. The data material came mainly from Thailand (n = 37 of 43). Several different study designs were applied, including qualitative (n = 21), quantitative (n = 18), and mixed methods (n = 3). A total of 40 different universities or research units, most of them situated in Thailand, participated in the coproduction, with three clear groupings of collaborating universities and research units in the two countries. **Conclusion:** The review shows that there is a growing amount of research in the areas of health and welfare from a cooperation between research institutions in Thailand and Sweden. However, Thailand is the main provider in the data collection.

**Keywords:** Caring sciences, coproduction of research, public health, bilateral cooperation

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## Introduction

Developing scientific knowledge in the area of health and welfare is central to improving human living conditions. Since 1989 there has been an agreement between Sweden and Thailand on economic, technical, and scientific cooperation (The Government of Sweden, 1989). There was also a Joint Plan of Action between the Governments of the Kingdoms of Sweden and Thailand during the period 2013-2017, stating that Sweden and Thailand would enhance existing academic cooperation and promote new initiatives of collaboration at all levels of education, for example research institutes as well as science and technology agencies (Government of Sweden and Government of Thailand, 2013).

Health and welfare are closely connected; one could say that they are necessary conditions for each other. People's welfare conditions, regardless of country, include access to healthcare and educational possibilities, which is naturally related to the welfare resources and socioeconomic conditions of each country (Fritzell & Lundberg, 2006). A welfare state, according to Heintz & Lund (2012), is one where the government implements a set of social and economic policies and a subsequent allocation of resources to ensure the well-being of the country's residents or citizens, and where the government's primary role is to ensure the well-being of the population.

## Methods

A scoping study design can contribute by identifying the topics, quantity, and frequency of published articles in a certain area of research (Munn et al., 2018). This search was conducted in the Scopus and Web of Science databases as they contained information on the authors' scientific affiliations in all editions, and it was precisely the affiliations of the published articles that were one of our main interests. Particularly Scopus has been found to have a high degree of coverage (Lasda Bergman, 2012; Powell & Peterson, 2017). The chosen databases have predefined search terms, Scopus including the areas of

Thailand is described as a middle-income country and Sweden as high-income, (World Bank, 2020), and both countries are described as welfare states (Nam, 2015, Raphael, 2014). Both are also member states of the World Health Organization (WHO), which has defined health as a state of complete physical, mental, and social well-being rather than merely the absence of disease or infirmity (WHO, 1948). The direction and scope of health and welfare varies between the countries, but both have a health policy based on principles of universal health coverage for the population (Sumriddetchkajorn et al., 2019; Burström et al., 2017). This scoping review has recognised the coproduction of research within the area of health and welfare in Thailand and Sweden, by identifying published articles and exploring the amount of similar research coproduction. The concept of coproduction is used in the present paper to illustrate when researchers have produced the research in cooperation, identified by the affiliations found in the published article. The aim of this scoping review was to explore coproduced research between Thailand and Sweden within the area of health and welfare, through identifying the origin of data collection, topics and methods of analysis, and the quantity and frequency of the collaboration based on the affiliations of the published articles.

medicine, social sciences, psychology, multidisciplinary, nursing, and health professions, and Web of Science the areas of care, medicine, sociology, and health, all of which included 22 medical terms that can be related to public health as well as nursing and healthcare.

The inclusion criteria were peer-reviewed scientific articles, from the first published article until 2018, that included affiliations of authors demonstrating a cooperation between Thailand and Sweden. The search was conducted on 9 of July 2019 by a librarian at Mälardalen university.

The analysis of all available abstracts was made by the authors (PT, GÖ) and was conducted according to principles for a scoping review (Munn et al., 2018). As a scoping review, the interest is the research field, the collaborating research networks, and the applied methods. The analysis criteria were that the abstract had to be complete and that Thai or Swedish data in

the area of health and welfare had to be used. The further criteria for excluding articles were: studies on animals or from green biology, studies in the field of microbiology, and pharmacological or technological studies. Table 1 describes the process, which resulted in a final sample of 43 articles.

**Table 1.** The process of the scoping review in the databases

Database	Hits	Duplicates	Reduced sample	Exclusions	Final sample
Scopus	59		59	26	33
Web of Science	94	37	57	47	10
<b>Total</b>	<b>153</b>		<b>116</b>	<b>73</b>	<b>43</b>

### *Analysis of content*

The abstract was read through and sorted by aims, sample, methods, and research content. The analysis of content, e.g. research areas, was later done by categorising similar areas together, based on

either more specialised care and treatment within healthcare institutions or out in living communities within public health based on the different participant groups.

### *Analysis of affiliations*

First, a table (2) was constructed showing the frequency based on the affiliations of the published articles. In order to create a picture of the coproduction pattern between the different universities, the network analysis method was adapted using a visualisation program Gephi

(Bastian, Heymann, & Jacomy, 2009). The visualised result identifies different relationships: the larger the circle, the more publications; the wider the line connecting the places, the more coproductions (see Figure 1).

## **Results**

This scoping study found that there are 19 Thai and 18 Swedish scientific affiliates cooperating in the 43 identified articles published within the area of health and welfare (see Table 2). These affiliations are visualised in Figure 1, below. The results further show that similar numbers of quantitative and qualitative research methods were used in the identified coproduced articles. Another result was that Thailand was usually the host of the data collections. Two major areas of research were identified: public health and specialised healthcare.

### **The frequency of affiliations**

This study also shows that among the 19 Thai and 18 Swedish scientific affiliates' cooperating in the 43 articles, the affiliations from Thailand are mainly from Boromarajonani College of Nursing, followed closely by Mahidol University (Table 2). In Sweden, most of the coproduction of health and welfare research was attributed to affiliations at Mälardalen University, followed by Uppsala University up to and including 2018.

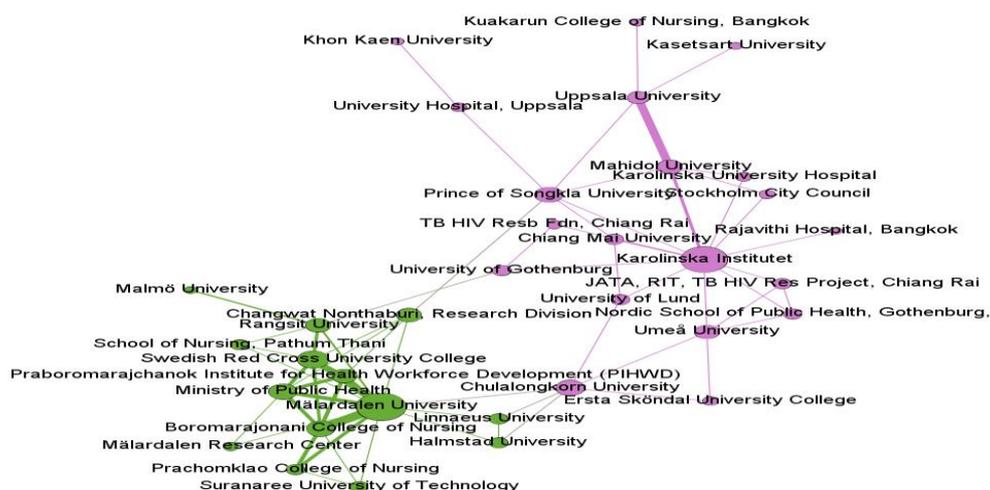
**Table 2.** Thai and Swedish coproduced research articles in health and welfare, with 37 identified affiliations through the database search from ever to 2018

Thai affiliations (n=19)	No	Swedish affiliations (n=18)	No
Boromarajonani College of Nursing	12	Mälardalen University	17
Mahidol University	11	Uppsala University	10
Ministry of Public Health	7	Karolinska Institutet	8
Praboromarajchanok Institute for Health Workforce Development (PIHWD)	6	Swedish Red Cross University College	7
Rangsit University	6	Malmö University	2
Prachomklao College of Nursing	4	Umeå University	2
Chulalongkorn University	3	University of Gothenburg	2
Prince of Songkla University	3	University of Lund	2
Chiang Mai University	2	Ersta Sköndal University College	1
Changwat Nonthaburi, Research Division	1	Halmstad University	1
JATA, RIT, TB HIV Res Project, Chiang Rai	1	Karolinska University Hospital	1
Khon Kaen University	1	Linnaeus University	1
Kasetsart University	1	Lund University Hospital	1
Kuakarun College of Nursing, Bangkok	1	Mälardalen Research Center	1
Pramongkutklao Hospital, Bangkok	1	Nordic School of Public Health, Gothenburg,	1
Rajavithi Hospital, Bangkok	1	Stockholm City Council	1
School of Nursing, Pathum Thani	1	University Hospital MAS, Malmö	1
Suranaree University of Technology	1	University Hospital, Uppsala	1
TB HIV Resb Fdn, Chiang Rai	1		

**The visualisation of coproduced research**

The result of the visualisation provides an overview of the collaboration between the universities. The network of lines shows how the different places are connected to each other: the number of to-and-from lines, and the size of a node, represent the node's importance; e.g., the

breadth of the lines shows the magnitude of the collaboration. The size of the circles represents the significance in the network of the various seats of learning (circle size in proportion to number of connections, the so-called degree-centrality indicator); see Figure 1.



**Figure 1.** Spread chart of Thai and Swedish coproduced health and welfare research up to and including 2018.

This visualisation shows three somewhat thicker groupings of cooperation (Figure 1). The two that seem to have tighter collaboration involve primarily Mälardalen University and the Boromarajonani College of Nursing, with another looser grouping involving collaboration among Uppsala

University, Mahidol University, and Karolinska institutet. A third grouping that stands out in the network analysis method is the collaboration involving the university hospitals in Lund and Malmö in Sweden and Pramongkutklo Hospital in Bangkok, Thailand.

### ***Comparable amount of quantitative and qualitative research methods***

The first coproduced article within health and welfare, published in 1993, used quantitative methods (Vichaichalermvong, Nilner, Panmekiate, & Petersson, 1993). After this, two other quantitative articles based on registers were published in late 1999 (Plitponkarnpim, Andersson, Horte, & Svanström, 1999; Plitponkarnpim, Andersson, Jansson, & Svanström, 1999). However, from the year 2000, the articles coproduced by Thai and Swedish researchers and published in the field of health and welfare appeared almost every year, with an increased number of articles during the entire study period, peaking at nine articles in 2018. While this is perhaps not a huge number, the field of coproduced research

within health and welfare nonetheless seems to be growing and developing. This scoping review also found an increased use of qualitative methods: the first qualitative article was published in 2001, followed by a peak of seven published in 2016 and five in 2018. This peak in qualitative methods used in the published articles found in the latter part of the study period, however, had levelled off by the last year of this study (2018), when quantitative methods were back again with numbers similar to those of the qualitative methods used. In sum half of the articles found in our data search used quantitative and qualitative methods and four used mixed methods.

### ***Origin of the data***

The data material was mostly collected in Thailand, with a few exceptions; for example, one article explores intimate partner violence against Thai women living in Sweden (Pongthipatt, Darvishpour, Kijsonporn, & Östlund, 2018). Three projects compare data from both countries;

one compares register data in 51 countries (Plitponkarnpim, Andersson, Jansson, & Svanström, 1999) and another is comparing young people's experiences in the two countries (Thitasan, Velandia, Howharn, & Brunberg, 2017).

### ***The topics: public health and specialised healthcare***

The articles found in this scoping review can be divided into two main areas within health and welfare: public health and specialised healthcare (Table 3). This labelling can of course be done in different

ways but sorting the articles into these two areas helped us recognise the dispersion of the studies found.

**Table 3.** Research areas of publications coproduced by Thailand and Sweden within health and welfare, from 1993-2018

Public health	Reference	Specialized healthcare	Reference
Deaths and suicide	Vichaichalermvong et al., 1993; Plitponkarnpim et al., 1999 a,b; Thomyangkoon et al., 2005; Vandepitte et al., 2014	Diagnosis-specific treatments (Diabetes, Tuberculosis, Cancer)	Ngamvithayapong et al., 2001; Lundberg, & Trichorb, 2001; Ngamvithayapong-Yanai et al., 2005; Lundberg, & Rattanasuwan, 2007; Unahalekhaka et al., 2007; Lundberg, & Thrakul, 2012, 2013; Choowong et al., 2016, 2017, 2018; Boonsatean et al., 2018;

**Table 3.** Research areas of publications coproduced by Thailand and Sweden within health and welfare, from 1993-2018 (cont.)

Public health	Reference	Specialized healthcare	Reference
Teenage parenting	Sriyasak et al., 2015, 2016, 2018 a, b	Women's health	Cairu et al., 2002; Liabsuetrakul et al., 2003; Talungchit et al., 2014; Grandahl et al., 2018; Phoosuwan et al., 2018; Pattraporn et al., 2018
Aging	Choowattanapakorn et al., 2010; Asp et al., 2016; Manasatchakun et al., 2018	Nursing and pain management	Chatthumni et al., 2015, 2016 a,b
Alcohol addiction	Hanpatchaiyakul et al., 2014, 2017	Nursing and caring	Lundberg, & Boonprasabhai, 2001; Lundberg, & Kerdonfag, 2010; Runkawatt et al., 2013
Behavioural problems	Cederblad et al., 2001	Alcohol treatment	Hanpatchaiyakul et al., 2016 a, b
Adolescent sexuality	Thitasan et al., 2017	Dental care	Vichaichalermvong et al., 1993
Intimate partner violence	Pongthipatt et al., 2018		

Within the area of specialised healthcare, several studies were found that explored the caring sciences in relation to nursing students' development of skills and to specialised care practices focusing on patient education and pain management (Lundberg & Boonprasabhai, 2001; Lundberg & Kerdonfag, 2010; Runkawatt, Gustafsson & Engström 2013). In specialised care, three diagnosis areas were identified: diabetes, tuberculosis, and cancer (Ngamvithayapong, Yanai, Winkvist, &

Diwan, 2001; Lundberg & Trichorb, 2001; Ngamvithayapong-Yanai, Winkvist, Luangjina, & Diwan, 2005; Unahalekhaka, Jamulitrat, Chongsuvivatwong, & Øvretveit, 2007; Lundberg & Rattanasuwan, 2007; Lundberg & Thrakul, 2012; Lundberg & Thrakul, 2013; Choowong, Tillgren, & Söderbäck, 2016; Choowong, Tillgren, & Söderbäck, 2017; Lundberg & Thrakul, 2018; Boonsatean, Carlsson, Dychawy Rosner, & Östman, 2018; Choowong, Tillgren, & Söderbäck, 2018).

Other areas explored in the coproduced research included different aspects of women's health, for example deliveries, LPV vaccinations, and late pregnancy difficulties (Cairu et al., 2002; Liabsuetrakul, Chongsuvivatwong, Lumbiganon, & Lindmark, 2003; Talungchit, Liabsuetrakul, & Lindmark, 2014; Grandahl et al., 2018; Phoosuan, Eriksson, & Lundberg, 2018; Pattraporn, Chayachinda, Niyomnaitham, & Kamolvit, 2018). Moreover, alcohol treatment that in Thailand, is mostly carried out by nurses at hospitals (Hanpatchaiyakul, Eriksson, Kijssomporn, & Östlund, 2016 a, b).

In the research area of public health, the published articles relate to more general welfare needs that are more often cared for in the community or by family and relatives, such as aging (Choowattanapakorn, Aléx, Lundman, Norberg, & Nygren, 2010; Asp,

## Discussion

This scoping review identified research articles coproduced between Thailand and Sweden within the area of health and welfare, since the first scientific articles was published (1993) up to year 2018. This review has explored the origin of data collection, topics and methods of analysis, and the quantity and frequency of the collaboration based on the affiliations of the published articles.

The visualisation of the collaboration between researchers and their respective affiliations in Thailand and Sweden using the network analysis method shows that there are many universities and research units in the two countries participating in health and welfare research; however, based on the visualised picture, three groupings of collaborations seem to be more active. An important challenge involves how a collaboration can be developed and deepened, and what spin-off effects it can have on other research fields in Thailand and Sweden. In a study, Sherwood & Drury (2006) have shown that international collaboration offers health scientists possibilities to share their

Manasatchakun, Chotiga, & Roxberg, 2016; Manasatchakun, Choowattanapakorn, Roxberg, & Asp, 2018), teenage parenting (Sriyasak, Almqvist, Sridawruang, & Häggström-Nordin, 2015; Sriyasak, Almqvist, Sridawruang, Neamsakul, & Häggström-Nordin, 2016; Sriyasak, Almqvist, Sridawruang, Neamsakul, & Häggström-Nordin, 2018; Sriyasak, Almqvist, Sridawruang, & Häggström-Nordin, 2018), and alcohol addiction from a user perspective (Hanpatchaiyakul, Eriksson, Kijssomporn, & Östlund, 2014; Hanpatchaiyakul, Eriksson, Kijssomporn, & Östlund, 2017). The division into the research areas of public health and specialised healthcare was made to underline the difference between welfare aspects focusing on public needs and the more specialised healthcare needs related to a diagnosis, whether this is treated in hospital or within community care.

experiences, data and methods, which can serve as a foundation for new and important perspectives on current practice. The research collaboration between Thailand and Sweden that this study has shown has likely contributed to such effects for researchers within the studied area of health and welfare.

The articles found in thus study related to topics concerning health and welfare were divided into two research areas: public health and specialised healthcare. This categorisation helped make the dispersion of the articles more recognisable. The identified articles in the present review seem to be mostly related to nursing and healthcare work. However, several studies directly related to welfare aspects were found in the area of public health, for example concerning teenage parenting (Sriyasak et al., 2015, 2016, 2018 a, b), and aging (Choowattanapakorn et al., 2010; Asp, et al., 2016; Manasatchakun, et al. 2018), suggesting that public health issues like the areas mentioned above are essential parts of the welfare state's responsibilities.

Most of the articles identified are based on data collected in Thailand, with only three empirical studies comparing data from the two countries. Due to this uneven balance of data collection, this scoping review argues that bilateral research among these two countries seems to be partly one-sided, extending research evidence in one country or, putting it more critically, using one country for research purposes and the other for supervising the research. For future developments of this bilateral coproduction in health and welfare, a suggestion would be

### ***Methodological aspects***

A critical question is whether the results have been limited due to the search being conducted in only two citation databases, Scopus and Web of Science. The reason this was done was that these were the only databases that contained information on all years of publication, including author affiliations. The fact that only two databases were used may have affected the results, as there might be further cooperation between

### **Conclusion**

From a Swedish perspective, the coproduction of research in the area of health and welfare has increased the number of international publications for the involved research partners. The coproduction has also increased the academic competence and research progress in Thailand, as well as in Sweden, and has contributed to progress in knowledge and academic developments. Finally, the bilateral cooperation has the

to collect and compare empirical data where possible. The current review found only two articles comparing the two countries, one focusing on adolescent sexuality (Thitasan et al., 2017) and the other exploring resilience among people over 60 years of age (Choowattanapakorn et al., 2010). However, this scoping review identified a richness of research methods used, arguing that this could be understood as a characteristic of a developing research area, recognisable when a research field is growing.

Thailand and Sweden that was not identified in the current review. However, our focus on health and welfare, which is both an interdisciplinary and intradisciplinary field, is comparable with biometric studies that have shown that one of these databases, Scopus, has a very high degree of coverage compared to other databases, and also shows high quality (Lasda Bergman et al., 2012; Powell & Peterson, 2017).

potential to lead to more educational and academic improvements, such as facilitating post doc education for international researchers in Sweden. Even more important, however, is that bilateral research coproduction and its findings will have influences on national as well as transnational healthcare and welfare practices.

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