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## Data Sharing and Reproducibility of Results – Does it Matter for HIV Nursing?

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As we begin 2021, it seems likely that a vaccine against SARS-CoV-2 will become available to the general public sometime this year (CDC, 2020). During the last months of 2020, we observed a profound increase in the number of new SARS-CoV-2 infections and deaths from Covid-19 in the United States. Unfortunately, as 2020 progressed, the number of Americans willing to get a SARS-CoV-2 vaccine declined (Saad, 2020). As Lazarus and colleagues (2020) state, “Arguably, trust is an intrinsic and potentially modifiable component of successful uptake of a COVID-19 vaccine” (para. 17). As previous infectious disease outbreaks have demonstrated, trusted sources of information and credible, evidence-based guidance are fundamental and essential to disease control (Siegrist & Zingg, 2014). For nearly two decades, the nursing profession has been rated as the highest for honesty and ethics – two fundamental components of trust (Reinhart, 2020).

During 2020, the editorial leadership of *JANAC* published two editorials about our core values (Relf, Overstreet, Webel & Swanson, 2020), of which integrity is one (Relf & Overstreet, 2020). As we documented last year, “as a journal involved in the dissemination of scientific and clinical knowledge, we believe that we have a shared responsibility to promote research and publishing integrity (Relf & Overstreet, 2020, p. 365). We recognize that with integrity comes trust. With trust comes credibility. With credibility comes responsibility.

To maintain *JANAC*'s commitment to integrity, and to ensure the information published in the journal is credible and trustworthy, the editorial leadership and editorial board will be

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Michael V. Relf was involved with the conceptualization, writing the original draft, and review and editing. Kristen Overstreet was involved with the conceptualization and review and editing.

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addressing the issue of data sharing and reproducibility of results during the coming year. One way of ensuring the integrity of data is through the prospective registration of a clinical trial or systematic review, for example. Starting in June 2020, *JANAC* required any data originating from a clinical trial to be registered with a clinical trial registry before enrollment of the first participant in order for a manuscript coming from that data to be eligible for publication in *JANAC*. Similarly, on 1 January 2021, *JANAC* initiated the requirement that any systematic review must be registered in Prospero which requires registration before the study begins. Please refer to *JANAC*'s information for authors available at <https://journals.lww.com/janac/Pages/informationforauthors.aspx>.

As of 1 July 2018, The International Committee of Medical Journal Editors, also referred to as ICJME, required that all ICJME journals reporting the results of clinical trials contains a statement about data sharing. For clinical trials enrolling study participants after 1 January 2019, ICJME requires that studies include a data sharing plan in the trial's prospective registration. Membership to ICMJE is not an open to any journal. Instead, it is comprised of a small working group of high-impact medical journals (to see the list of journals on the working group, please go to <http://www.icmje.org/about-icmje/faqs/icmje-membership/>). However, their document, *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals*, serves as a guide to all health related journals, and editors, in meeting the highest possible level of expectations for quality of science and its reporting.

The transparency of data generated from nursing, medical, and other health research enables evidenced based decision-making and helps to foster trust among health care consumers and the research community (Joshi & Bhardwaj, 2018); the fabrication or concealment of data, particularly data generated in clinical trials, is an initiating factor for promoting data transparency. According to the former Institute of Medicine (2015):

“Responsible sharing of clinical trial data will allow other investigators to carry out additional analyses and reproduce published findings, strengthen the evidence base for regulatory and clinical decisions, and increase the scientific knowledge gained from investments by the funders of clinical trials. Data sharing can accelerate new discoveries by avoiding duplicative trials, stimulating new ideas for research, and enabling the maximal scientific knowledge and benefits to be gained from the efforts of clinical trial participants and investigators”

(p. xiii).

Overall, by making research data and data analysis more transparent, it is possible to increase replicability of findings, ensure accountability of scientists to rigorous methods, increase efficiency and prevent unnecessary replication of trials, and accelerate the building of evidence over time (Knottnerus & Tugwell, 2016). It will also help to prevent and correct questionable data and scientific misconduct, whether intentional or unintentional (Knottnerus & Tugwell, 2016).

So far, this editorial has focused on quantitative data generated via a clinical trial. What about data from qualitative studies? In the discipline of political science, they have engaged in robust dialogue through its DA-RT – Data Access and Research Transparency – initiative

(please consider going to <https://dialogueondart.org/what-is-da-rt/>). According to Moravcsik (2014), transparency is the cornerstone of scientific inquiry and is dependent upon academic discourse. Through this intellectual debate, scholars disclose, through publication, the data, theory, and methodology associated with their conclusions. In short, “unless other scholars can examine evidence, parse the analysis, and understand the processes by which evidence and theories were chosen, why should they trust—and thus expend the time and effort to scrutinize, critique, debate, or extend—existing research?” (p. 48).

Regardless of approach, transparency is essential for assessing the quality of qualitative and quantitative work (Moravcsik, 2014). Further, transparency also encourages and rewards empirical, theoretical, methodological, and analytical excellence. As a trusted and credible resource to guide HIV nursing practice, *JANAC* remains committed to fulfilling its core value of integrity. Throughout the year, the *JANAC* editorial leadership, in partnership with members of the Oversight Committee, will engage in thoughtful discussions about how the journal can integrate the *Guidelines for Transparency and Openness Promotion (TOP) in Journal Policies and Practices*, also known as “The TOP Guidelines”, supporting the work of the Center for Open Science (to learn more about The TOP Guidelines please go to <https://osf.io/ud578/>). We would love to hear from you regarding your thoughts, recommendations, and/or concerns about data sharing and transparency.

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